



Athletic Consent Form

I _____, give, _____

My permission to participate in the sport of _____ at Bloomfield Public Schools.

I understand that if my son/daughter makes the team, I must officially register him/her via FamilyID.com (see coach for informational letter and instructions to do so).

I also give permission for Select PT employees to provide medical services should my son/daughter sustain an injury while participating in Bloomfield Public Schools Athletics.

SIGNATURE _____ DATE _____

Emergency Card

In case of emergency please contact the following people:

Student's Name _____

Contact #1

Name _____

Address _____

Phone _____

Contact #2

Name _____

Address _____

Phone _____

Contact #3

Name _____

Address _____

Phone _____