



Dear Parents,

Your child has expressed a desire to participate in athletic competition with other schools during the coming season. The activity and level of competition is indicated below.

If your child becomes a member of a team, he/she will represent Schalmont High School in several communities, and we are anxious that there be understanding prior to participation.

Attendance at practice sessions and contests is compulsory, unless his/her coach excuses the student. School citizenship demonstrated by class conduct and conformance to school regulations, is as important as conduct at practice sessions and games. Sportsmanship will be emphasized, and conduct unbecoming a student will not be tolerated.

A physical examination by a physician must be submitted and reviewed by the school nurse prior to participation. With few exceptions, the law states that one physical examination will suffice for the entire year; however, your permission for participation will be requested prior to each sports season.

If your child is injured, it is his/her responsibility to report the injury to the coach, who will in turn notify the school nurse. Insurance forms are available from the nurse and must be requested by your child.

The school district carries a supplemental insurance plan to cover incidents that occur in school related activities. If an incident requires medical attention, the parent must submit his or her own insurance first. If the claim is not payable or in excess of the parent's coverage, the supplemental insurance forms are available in the health office. Please direct all questions regarding insurance to Joseph Lenz in the District Office at 355-9200 ext. 4002.

It is important that all the information below is completed so that, in the event of an injury, the proper individuals may be contacted immediately.

Sincerely,

John Gallo, Director of Athletics

I have read the above letter and agree to abide by the contents.

Player's Signature _____ Age _____

I give my son/daughter permission to participate in _____
(extramural/interschool sport)

Date _____ Parent Signature _____

Home Phone _____ Cell Phone _____

Emergency Contact/Relationship _____ Phone _____

Family Dentist and Phone _____

Family Physician and Phone _____

District Office

4 Sabre Drive
Schenectady, NY 12306
(518) 355-9200
FAX: (518) 355-9203

**Superintendent
of Schools**

Dr. Carol A. Pallas
Ext. 4001

Business Office

Joseph Lenz
Business Administrator
Ext. 4002

Special Education Office

Shari Lontrato
Director of Pupil
Personnel Services
Ext. 4018

High School

1 Sabre Drive
Schenectady, NY 12306

(518) 355-6110
FAX: (518) 355-8720

Middle School

2 Sabre Drive
Schenectady, NY 12306

(518) 355-6255
FAX: (518) 355-5329

Jefferson

Elementary School

100 Princetown Road
Schenectady, NY 12306

(518) 355-1342
FAX: (518) 357-0293

Transportation Office

401 Duanesburg Road
Schenectady, NY 12306

(518) 355-9200 Ext. 4201
FAX: (518) 355-0972