

Gloucester City Junior-Senior High School

Department of Athletics

Summer Practice Agreement

Dear Parent / Guardian:

It is always our intention to insure that our student athletes participate in our programs on the highest standards of coaching and safety. Your child has chosen to participate in summer practices that meet at various days and times during the week. While our coaches are aware of basic first aid, heat acclimatization and concussion recognition, we want to inform you that an emergency situation involving your child would likely result in a call to 911 during summer sessions. We ask that you consent to this and are willing to provide emergency contact information that will enable us to reach you most efficiently during this summer practice period.

Students' Name: _____

Sport: _____

Parent/ Guardian: _____

Contact: Home (____) _____

Cell: (_____) _____

Vacation Home: (_____) _____

Contact number if you cannot be reached: _____

Parent/ Guardian Sign: _____