

# BAY SHORE UNION FREE SCHOOL DISTRICT

Superintendent of  
DEPARTMENT OF HEALTH, PHYSICAL EDUCATION AND ATHLETICS  
75 West Perkal Street, Bay Shore, New York 11706  
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CHRISTOPHER AGOSTINO  
Director HPEA

TED NAGENGAST  
Dept. Chair of Athletics

## Athlete Release Form from Sporting Event

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Time: \_\_\_\_\_

Sport: \_\_\_\_\_

Coach: \_\_\_\_\_

\_\_\_Varsity\_\_\_ JV \_\_\_ MS

Student/Athlete Name: \_\_\_\_\_  
Please Print

I understand that the Bay Shore Union Free School District Policy is that student/athletes are required to provide their own transportation provided by the Athletic Department.

Explanation for removal of student/athlete from sporting event:

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It is understood that my signature below indicates I assume full responsibility for my child from the date and time indicated above

PARENT/GUARDIAN NAME\*: \_\_\_\_\_  
Please Print Cell Phone

Parent/Guardian Signature: \_\_\_\_\_  
Please Sign

\*In the event a parent or guardian becomes unavailable, the child may be released to an individual identified on the district emergency