



Department of Health, Physical Education and Athletics

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The Athletic Department held their required Spring Parent/Guardian/Coaches meeting Thursday night, 3/14/19, at 7pm. As a Parent, if you were unable to attend the required meeting, please review the following PowerPoint presentation and the Concussion information on the City School District’s Athletics webpage and then sign and return the consent form below. Very important dates and information about athletics, concussions, and other health issues were discussed. **Your Student Athlete will not be able to participate in a game until this form is returned to the Athletic Office at Albany High School.**

I, _____, the Parent/Guardian of _____,
(Parent/Guardian- Print Name) (Student-Athlete –Print Name)

Acknowledge that I have viewed and understand the general objectives of the “*Albany High School Athletic Department Parent/Guardian Meeting Presentation*” posted on the City School District of Albany Athletics website. I understand that if I have any questions about the materials presented at the Parent/Guardian Meeting or in the PowerPoint that I may contact the Athletic Office at 518-475-6310 for clarification.

Parent/Guardian Signature

Date

Please Complete Below (Print):

Parent/Guardian: _____

Phone: _____

Son/Daughter Name: _____

Grade: _____

Sport: _____