

# LONGWOOD CENTRAL SCHOOLS

35 YAPHANK-MIDDLE ISLAND ROAD, MIDDLE ISLAND, NEW YORK 11953-2373

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100 LONGWOOD ROAD  
MIDDLE ISLAND, NY 11953-2056  
(631) 345-9260  
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March 2017

Dear 7<sup>th</sup> Grade and 8<sup>th</sup> Grade Students:

Practices for the *Junior High Spring teams* will begin on *Monday, March 27<sup>th</sup>* for all 7<sup>th</sup> and 8<sup>th</sup> grade students interested in the following sports:

**BASEBALL @ JHS**

**BOYS & GIRLS LACROSSE @ MS**

**SOFTBALL @ JHS**

**BOYS TENNIS @ JHS**

**BOYS & GIRLS TRACK @ JHS**

All interested students are to bring a signed permission slip (below) with them and report to the gym immediately after school on *Monday, March 27<sup>th</sup>*. Practices will run until 5:00 PM and will take place at either the *Middle School* or the *Junior High School* (see above). Athletes will be transported home at 5:30 PM.

New York State law requires all students trying-out or participating in athletics receive a sports physical. Sports physical information and forms can be picked up at the Health Office. The final approval for sports clearance rests with the school medical officer.

The Health History Form is part of the physical and is to be completed by the parent/guardian and returned to the Health Office along with the Health Examination Form. A new Health History Form must be completed thirty (30) days prior to the start of any sport season in which the student participates. Students are reminded that in order to participate in the interscholastic program, students must be academically eligible.

Students must bring this **Permission Form** with them on the **first day of practice**. Additional information can be obtained by contacting the Athletic Office at (631) 345-9260.

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## **PARENT PERMISSION**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

*I give my son/daughter permission to stay after school beginning **Monday, March 27<sup>th</sup>** to try out for an interscholastic athletic team. I understand that they will be transported home from practice by bus at **5:30 PM**. Transportation home from the school is **NOT** provided after games.*

Parent's Name \_\_\_\_\_ Signature \_\_\_\_\_