



FORM B: BEAT THE STREETS TRANSPORTATION PERMISSION SLIP

NAME OF STUDENT-ATHLETE: _____

SCHOOL: _____

I, _____ **HEREBY GRANT PERMISSION FOR** _____ **TO USE THE**
(PARENT NAME) (STUDENT-ATHLETE NAME)

BEAT THE STREETS PROVIDED TRANSPORTATION ON THE DATE/S OF _____ **TO AND FROM**
(DATE/S OF EVENT)

THE: _____
(NAME OF EVENT)

I UNDERSTAND THAT WRESTLING, ALTHOUGH NOT TYPICALLY A VERY DANGEROUS SPORT, IS A STRENUOUS CONTACT SPORT THAT MAY, ON OCCASION, CAUSE INJURIES. I ALSO UNDERSTAND THAT CHILDREN WITH CERTAIN MEDICAL CONDITIONS COULD BE IMPACTED ADVERSELY BY STRENUOUS ACTIVITY THAT INCREASES THE CHILD'S HEART RATE, BLOOD PRESSURE, OR BREATHING. I AM RESPONSIBLE FOR ENSURING THAT MY CHILD IS PHYSICALLY ABLE TO PARTICIPATE IN THIS CAMP, AND I ACCEPT ALL RISKS OF INJURY THAT MAY RESULT FROM MY CHILD'S PARTICIPATION.

I ALSO AUTHORIZE BEAT THE STREETS WRESTLING TO ACT FOR ME IN THE BEST INTEREST OF MY CHILD IN ANY SITUATION, INCLUDING, BUT NOT LIMITED TO, MEDICAL EMERGENCIES.

I FURTHER AGREE TO HOLD BEAT THE STREETS WRESTLING, AND ITS STAFF, DIRECTORS, COACHES, PARENTS AND SCHOOLS, AND THE NEW YORK CITY BOARD OF EDUCATION, HARMLESS FROM ANY LIABILITY OR INJURY THAT MAY ARISE FROM TRAVELING TO THE EVENT OR IN THE NORMAL ACTIVITIES OF THIS SPORT.

ATHLETE SIGNATURE: _____

NAME OF PARENT/GUARDIAN: _____

PARENT SIGNATURE AND DATE: _____ / ____ / ____