

PART 1

SPORT _____

Print Athlete's Name (Last, First)

Grade

Date of Birth

**MIDDLETOWN PUBLIC SCHOOLS
ATHLETES COMMITMENT/PARENTAL PERMISSION FORM**

ATHLETE:

I promise on my honor to obey all school rules and regulations, to keep myself in good physical condition, to keep up in my school work, to compete hard but clean, to be loyal to the team, to conduct myself at all times in a sportsmanlike manner, and to be a credit to the Middletown Public Schools.

In addition I will take proper care of my equipment and return it when called to do so or be responsible to pay for damaged or lost articles in accordance with State of Connecticut Public Act 81-257.

I have read and understand the athletic code as prescribed by the Middletown Public Schools handbook and the Athletic Handbook.

Signature of Athlete

Date

PARENT:

I/We give our permission for _____ to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be of a severe nature.

I/We give permission for the school physician to administer a sports physical examination.

I/We acknowledge that I/We have read and understand this entire document and the Athletic Handbook.

Signature of Parent

Date

PART 2

STUDENT ATHLETE EMERGENCY CARD

Specify any health problems as Allergies, Diabetes, Epilepsy etc

State any medication presently in use _____

Please fill out and return to coach. This will be kept on file to know whom to contact in case of emergency. Please notify the coach immediately in writing of any change.

Parent or guardian _____

phone _____

Address _____

phone _____

If employed where (father) _____

phone _____

If employed where (mother) _____

phone _____

If above cannot be located call: Name _____

phone _____

Second choice: _____

phone _____

Family physician _____

phone _____

In case of a serious accident or one which the Middletown Board of Education feels should have immediate attention, the Middletown Board of Education has your permission to take your son/daughter to the emergency room at the hospital.

I hereby give permission for the provision of emergency medical treatment to my son/daughter in the event of injury or illness that occurs during participation in school sponsored activities.

I/We give the Middletown Public Schools physician permission to provide my/our son/daughter with all necessary medical services, including but not limited to the provision of free prescription medication and physical therapy, if needed, while he/she is participating in a Middletown sponsored public school athletic program.

To the fullest extent permitted by law, I/we agree to indemnify and hold harmless the City of Middletown and the Middletown Board of Education and their respective officers, agents, servants and employees against any and all liability and costs and against any and all claims arising out of injury or damage sustained in connection with the provision of these services.

MIDDLETOWN BOARD OF EDUCATION

SIGNATURE OF PARENT

Date

White - Nurse Canary - Coach Pink - Trainer