

PARENT PERMISSION SLIP AND ATHLETE ACKNOWLEDGEMENT FORM

Student's Name _____ Date of Birth _____ Grade _____

Home Address _____ Home Telephone _____

Mother/Guardian Name _____ Phone _____

Father/Guardian Name _____ Phone _____

PARENTS MUST INITIAL THE FOLLOWING STATEMENTS

_____ I/We have also read the Concussion and Cardiac Arrest Information Sheet and understand the nature and risk of concussion, head injury and cardiac arrest to student athletes, including the risks of continuing to play after concussion, head injury or cardiac arrest.

_____ I/We agree to notify the school if there is any change in the health status of my student athlete. You have permission to call a doctor/ambulance if an emergency should arise.

PLAYER MUST INITIAL THE FOLLOWING STATEMENT

_____ I have read, understood, and hereby agree to the policies and procedures set forth in the Plainville School District Student Handbook.

I/We give our permission for _____ to participate in organized High School/Middle School athletics for the current school year, 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 so severe as to result in total disability, paralysis, or even death. I/We acknowledge that I/We have read and understand this warning.

Parent/Guardian Signature _____

Player Signature _____ Date _____

Circle the sports your son/daughter intends to play this year

FALL

Cross Country Cheerleading Volleyball G.Swim Football Soccer

WINTER

Basketball B.Swim Wrestling

SPRING

Baseball Track Golf Softball Tennis

