

ATHLETIC PARTICIPATION / WEIGHT ROOM PERMISSION SLIP
MILFORD PUBLIC SCHOOLS
MILFORD, CONNECTICUT

SCHOOL: JOSEPH A. FORAN HIGH SCHOOL

Date: _____

LAST NAME FIRST NAME MIDDLE INITIAL

AGE GRADE DATE OF BIRTH

Plan to participate in the following sport: _____

HOME ADDRESS HOME PHONE

EMERGENCY CONTACT – NAME RELATIONSHIP PHONE NUMBER

Payment of Medical Costs for Injuries and Parent Permission

Payment for treatment of injuries resulting from participation in contest or in practice for interscholastic contests is expected to be paid for by the family's medical or hospitalization insurance up to its limits. The remaining bills should be submitted to the school insurance carrier for consideration. The Board of Education does have a broad policy that includes certain limitations.

- a. to participate in practices and home and away contests in the sport noted above.
- b. to be treated by coaches, athletic trainers and/or team physician in first aid and allow them to secure emergency medical care, as they deem necessary

SIGNATURE OF PARENT / GUARDIAN

I/We give permission for the above named student to be examined by the school physician. Any student may be examined by his/her own physician at his/her expense.

SIGNATURE OF PARENT / GUARDIAN

I/We give 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 occasion these injuries can be so severe as to result in total disability, paralysis or even death.

SIGNATURE OF PARENT / GUARDIAN

DATE