***\*\* Please complete and return to Athletic Office before tryouts\*\****

The student shall not participate in sports without a completed emergency/consent to treat form on file.

**Athletic Participation Form**

**Athlete Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Year**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade (circle one): Frosh Soph Junior Senior**

**Sport(s)**: **FALL**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **WINTER**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **SPRING**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Concussion** (circle): Yes No Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies** (circle): Yes No **List**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing below, I give my child permission to participate as a member of the above-named teams and confirm that my child and I have read and understand the attached documents:**

***(please initial)***

* **Athletic Handbook: \_\_\_\_\_\_\_\_\_\_\_**
* **Consent to Treat: \_\_\_\_\_\_\_\_\_\_\_**
* **ImPact Concussion Education Plan/Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Sudden Cardiac Arrest Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Photography Consent: \_\_\_\_\_\_\_\_\_**

**Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_

***Do not write below line:***

PHYSICAL END DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IMPACT TEST DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ June, 2016

**Permission/Consent Form**

In the event that an athletic injury or illness should occur to the named student-athlete while participating in a sanctioned athletic activity at Shelton High School, and after a reasonable attempt to contact the parent/guardian, we the undersigned give permission for any duly-authorized member of the high school athletic staff including athletic director, athletic trainer, or coaches to make decisions regarding the transport/treatment of the named student-athlete. Additionally, we give permission for the athlete to receive proper/necessary care from a certified/licensed athletic trainer, physician, or other health care individual.

I give my permission for a certified/licensed athletic trainer, physician, or other health care individual to arrange for ambulance service to the nearest medical facility. I give my permission for the staff of the medical facility to render treatment, which is considered necessary, for the athlete’s well-being and health.

I have read and understand the information in this document, as well as the **ImPACT** program terms of use and **“Student/Parent – Concussion Education Plan & Consent Form**”, and have discussed the athletic rules and regulations with my child. I understand the severities associated with concussions and the need for immediate treatment of such injuries. Additionally, I have read and understand the information provided on **“Sudden Cardiac Arrest.”**  I hereby acknowledge that I am aware that as a result of participation in athletic activity, the named student-athlete may suffer a catastrophic injury. Notwithstanding such warnings and with full knowledge and understanding of the risk involved, I give permission for my child to participate in the activity indicated.

I also give my consent for any photos which are taken of my child during any game/practice to be posted on the Shelton H.S. Athletic Department website and/or to be used in publications of the Shelton H.S. Athletic Department. These photos will only be used for that purpose and not for any commercial purpose.

*Please complete and return the attached* ***Athletic Participation Consent Form*** *to the Athletic Office before tryouts. Your child shall not participate in sports at Shelton High School without a completed emergency/consent form on file and a current physical.*

*Thank you,*

*John Niski*

*Athletic Director*

*Shelton High School*