

Stillwater Central School Permission Form for Athletic Participation

Name _____ Birth Date: _____ Age: _____
Address: _____
Phone: (H) _____ (C) _____ Grade: _____
Father's Name: _____ Work Phone: _____
Mother's Name: _____ Work Phone: _____
Transfer Student? _____ Yes _____ No Foreign Exchange Student? _____ Yes _____ No
Sport: _____ Grade (circle) 6 7 8 9 10 11 12
(At the time of sign up)

Physicals will be performed by the school physician prior to try-outs.

No amount of instruction, precautions, or supervision will totally eliminate all risk of injury. Just as in non-school activities, athletic participation in school activities is inherently dangerous. Injuries from mild to severe may occur including but not limited to severe head and neck injuries, including paralysis and death despite the use of personal protective equipment provided for some activities. Students and parents must assess the risk involved in school athletic participation prior to the decision to participate. In granting permission for your child to participate in athletic practice and competition, you, the parent and student, acknowledge and assume such risks.

I, the parent (guardian) of the student named above hereby give my consent for him/her to participate in the named activity. My son/daughter and I, together, have read and reviewed the entire permission form and we understand its content. We are aware that the planned athletic participation is voluntary. We also reviewed the athletic behavior code, understand its content, and acknowledge that the code addresses the responsibilities of student participants involved in the Stillwater Athletic Program. By our signatures below, we assume the risks involved in athletic participation and agree to abide by the athletic behavior code.

Health History Review

Before participation in each sports season, each candidate must have his/her health status reviewed. Please complete the form below and return it immediately to the nurse. All updates MUST be returned before the student is allowed to practice and/or compete.

SPORTS UPDATE INFORMATION

Student's Name _____ **Grade** _____ **Date of last school physical** _____

Please explain YES answers on the bottom of the paper.

CIRCLE

1. Has student had any injuries requiring medical attention since last physical? YES NO
2. Has student been ill since last physical? YES NO
3. Is student under physician's care now? YES NO
4. Is there any change in health status since last physical? YES NO
5. Is there any reason why the student should not participate? YES NO
6. Does the student have any allergies? YES NO
7. Epi pen needed

Parent/Guardian's Signature _____ **Date** _____

Student/Athlete's Signature _____ **Date** _____

STUDENT/PARENT ATHLETIC PARTICIPATION

The Code of Conduct can be found on the Stillwater Website under athletics. A hardcopy will be provided upon request.

I have read, understand, and support the rules and expectations governing my participation in any interscholastic athletic activity. In signing this contract I am agreeing to abide by the rules and regulations set forth in Stillwater High School Code of Conduct and Co-Curricular Policy. I further agree to abide by any approved training rules set forth by my coach / advisor. In signing this contract I understand that my signature as well as those of my parents will be valid for any and all seasons that I choose to participate in extracurricular activities throughout the time I am enrolled as a full time student at the school. I also recognize this contract is in effect each and every day for each calendar year I am enrolled as a full time student at Stillwater.

Stillwater Middle/High School Athlete Emergency Card

_____ Date

Name _____ Age _____ Date of Birth _____
Last First

Address _____ Home Phone _____

Parent/Guardian _____ Business Phone _____

Family Physician _____ Phone _____
Ins. ID# _____

In the event of a medical emergency, I give my permission for _____
to receive emergency medical transportation and treatment at the nearest medical facility.

Please indicate any medicine or treatment which
SHOULD NOT be used: _____

Parent/Guardian's Signature _____ **Date** _____

Student/Athlete's Signature _____ **Date** _____