

**JCLA- FORM PP)**

**DR. LEWIS S. LIBBY SCHOOL DEPARTMENT ATHLETICS**

Parent/Guardian: Please fill out completely if your child wishes to participate in any Interscholastic Sport. This form gives your permission for all Interscholastic Sports during the year. Please print.

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Athletic restrictions know by Parents \_\_\_\_\_

Is student currently under a doctor's care, or taking any medications? Y N

Please explain \_\_\_\_\_

Notify in Case of Emergency:

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dr's Phone \_\_\_\_\_

Physical Exam: Evidence of a physical examination must be submitted to the school prior to participation in the tryouts, practices, performances, or games of any Interscholastic Sport. No exceptions can be made to this rule. The physical exam will be required every two years and a Health History Update must follow it each year.

Insurance: It is mandatory that all students participating in interscholastic athletic programs by covered by adequate accident and health insurance. Please state your Insurance Company and Policy # (If you have applied for school insurance please so indicate).

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

**Athletic Candidate's Agreement**

If selected as a member of any group representing the Milford School Department, I do hereby agree to abide by all requirements of the activity, school policies, code of conduct, and transportation rules as set forth by the school and coaching/advisory staff. I understand that these regulations are in effect for as long as I am a member of the activity on the playing fields, courts, or performances, during school and outside school during the activity season. I understand that violations may lead to immediate dismissal from the activity.

Because of the element of risk associated with all athletic completion, I recognize the importance of listening to and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. I also recognize the importance of reading and adhering to all instructions and that they are incorporated by reference into this agreement and I hereby expressly promise to obey all such instructions and warnings.

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Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\* Parent...in order to keep these vital records up to date; please notify the Coach and the School Nurse if there are any changes in any of the information submitted.

**RETURN TO COACH/ADVISOR WHO WILL FORWARD TO THE AD**