

All students who wish to try out for a competitive athletic team must complete this sheet on both sides and return to your Middle School for processing prior to tryouts. **A new permission form MUST be filled out prior to the start of EACH season: Fall, Winter and Spring.**

MIDDLE SCHOOL COMPETITIVE ATHLETICS PERMISSION FORM

STUDENT NAME: _____

Birth Date: _____ Grade: _____ SPORT: _____

Address: _____ State, City, Zip: _____

Parent/Guardian: _____ Home phone: _____

The Middle School Competitive Sports Program is an extension of the Middle School Intramural Program. It requires a four-day per week commitment from the students and will take place after school. Students will try out for these teams and will participate in competition against other middle schools here in Greenwich and in Fairfield and Westchester Counties. If a sport does not begin until 4:00 or so, students will be required to attend a school based program (homework club, intramurals, other school sponsored activity/extra help from teachers or an assigned study hall). **Parents are responsible for student transportation home after all practices and games.**

By its nature, participation in competitive athletics includes risk of injury, which may range in severity from minor disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. Additionally, they must have had a "sports physical" that is current both during tryouts and throughout participation in the season. If your physical is due to expire before tryouts or before the end of the sports season, a new physical must be submitted prior to tryouts and/or participation. No exceptions can be made.

By signing this Permission Form, we acknowledge that we have read the above information. **Parents or students who do not wish to accept the commitments, risks and responsibilities described in this correspondence should not sign this permission form.**

I hereby give my consent for the above named student: 1. to represent his/her school in approved athletic activities; 2. to accompany any school team of which he/she is a member on its local or out-of-town trips; 3. to receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of such athletic activities or travel.

By checking this box, I confirm that I have read and understand the "Student and Parent Concussion Informed Consent Form" document and understand the severities associated with concussions and the need for immediate treatment of such injuries. I also confirm that I have read and understand the "Student and Parent Sudden Cardiac Arrest Informed Consent Form" document and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected condition. To access the Student & Parent Informed Consent Documents, please follow this link: <https://goo.gl/QZxohu>

Parent/Guardian Signature: _____ Date ____/____/____

I have read the foregoing and will abide by the principles and regulations contained therein:

Student Signature: _____ Date ____/____/____

**** OVER****

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MIDDLE SCHOOL COMPETITIVE ATHLETICS EMERGENCY INFORMATION

STUDENT NAME: _____
SPORT: _____ Birth Date: _____ Grade: _____
Address: _____
Parent/guardian: _____ Home phone: _____
Father's work phone: _____ Cell phone: _____
Mother's work phone: _____ Cell phone: _____
Family physician: _____ Family dentist: _____
Current medications: _____
Allergies: _____
Emergency contact / phone number (friend/relative) : _____

MEDICAL TREATMENT PERMISSION

In the event of injury to my daughter/son, I expect every effort will be made to contact me in order to receive my authorization before any treatment or hospitalization is undertaken. However, if an emergency requiring medical attention occurs, I grant permission to any physician or other hospital personnel designated by Greenwich High/Middle School coaching staff to attend my daughter/son.

Signature of parent/guardian: _____

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“SPORTS PHYSICAL” VERIFICATION

(this section for school use only: will be completed by office staff prior to tryouts)

This certifies that the student named above has a current athletic physical examination on file in the _____ MIDDLE SCHOOL HEALTH OFFICE and is eligible to tryout and participate in the sport entered above. A sports physical is only good for 13 months from the date completed. If the physical is due to expire before the end of the current sports season, a new physical must be submitted prior to continued participation.

(Date of physical)

SEAL/STAMP BELOW