

**TRUMBULL HIGH SCHOOL
DEPARTMENT OF INTERSCHOLASTICS ATHLETICS
72 Strobel Road
Trumbull, CT 06611
(203) 452-4557**

Todd Manuel
Principal

Michael King
Athletic Director

RETURN TO PLAY FORM

Our child, _____, is returning to the interscholastic sports program following an illness or injury. We are providing a medical release permitting him/her to return to the interscholastic sports program signed by the following physician: _____.

By providing this release to you, we are again certifying that our child _____ has our permission to participate fully and without restriction in the interscholastic sports program, in the following sport(s):

_____. We understand that participation in all sports requires an acceptance of possible injury which may be severe, including the risk of fractures, brain injuries, paralysis, or even death. We understand that the risk posed to _____ may be increased as a result of his/her previous injury.

We hereby hold the Trumbull Board of Education, the Trumbull Public Schools, the Town of Trumbull and any of their employees or agents harmless from and against any liability whatsoever to us, our child _____, or to our heirs, assigns or personal representatives for personal injury. This shall include, but is not limited to, injury, death or sickness occurring in connection with or aggravated by _____'s participation in the interscholastic sports program.

Parent/Guardian Signature

Date