

**WEBSTER PUBLIC SCHOOLS**  
**Athletic Team/Extracurricular Participation**  
**Clearance**

Student Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

This form is to be completed and signed by each student participating in athletics and/or extra-curricular activities and his/her parent/guardian. This form **MUST** be turned in to the appropriate coach/advisor prior to the first day of any athletic/activity participation. There are no exceptions to this requirement.

Parent: <input type="checkbox"/> Student: <input type="checkbox"/> I have read and understand the Student Handbook, including the Hazing Law, Chemical Health, Concussion, and Attendance Policy.
Parent: <input type="checkbox"/> Student: <input type="checkbox"/> I have received, read, and understand the opioid substance education materials.
<b>Athletic Director's Sports Meeting:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring
Parent: <input type="checkbox"/> I did attend & understand the presentation <input type="checkbox"/> I did not attend
Student: <input type="checkbox"/> I did attend & understand the presentation <input type="checkbox"/> I did not attend
<b>Please check the boxes as they apply to you and/or your child:</b>
Parent: <input type="checkbox"/> Student: <input type="checkbox"/> I have received concussion educational materials.
-AND/OR-
Parent: <input type="checkbox"/> Student: <input type="checkbox"/> I have completed the on-line concussion course. (This course can be found at <a href="http://www.nfhslearn.com">HYPERLINK "http://www.nfhslearn.com" http://www.nfhslearn.com</a> )
<b>Parent/Guardian, please check one:</b>
<input type="checkbox"/> Student HAS NOT experienced a concussion/head or brain injury.
<input type="checkbox"/> Student HAS experienced a concussion/head or brain injury. (Provide documentation from Physician.)
STUDENT Signature: _____ Date: _____
PARENT Signature: _____ Date: _____

**PARENT/GUARDIAN:** Must read and sign: Participation Clearance form, Emergency Contact information, and Media Release form

**STUDENT ATHLETE:** Must read and sign: Participation Clearance form, Diversity Equity & Inclusion form, and Media Release form

**TO BE COMPLETED BY SCHOOL OFFICIALS:**

Eligible to participate  Academic Eligibility \_\_\_\_\_  
Athletic Director's Signature Date

Physical exam on file and up to date \_\_\_\_\_  
Nurse's Signature Date of Exam

*To Be Filled Out By Parent:*

STUDENT: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_  
SPORT/EXTRA-CURRICULAR ACTIVITY: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

*Please print all information*

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_

Second Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies:

\_\_\_\_\_

Other Medical Conditions your child's Coach/Advisor should be aware of:

\_\_\_\_\_

In order to process your child's eligibility please detach and return the completed forms as soon as possible to your child's coach/advisor or to the Athletic Director. The remaining information documents are for you and your child; please put them in a safe place should you need access to the information provided.