

**UPDATES MUST BE DONE AFTER JUNE 1, 2008**

**PHYSICIAN'S STATEMENT**

I hereby certify that \_\_\_\_\_ is in good health and physically able to participate in:

( ) all sports, including contact sports

This certificate is valid for the 2008/2009 school year unless voided by any serious injury or illness. I have listed below any known conditions, illnesses, allergies, or prior injuries which could affect participation in sports and/or medical treatment.

PHYSICIAN'S NAME (Please Print): \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

Please Print

GRADE \_\_\_\_\_

SPORT- (fall) \_\_\_\_\_

(winter) \_\_\_\_\_

(spring) \_\_\_\_\_

**I. STUDENT-ATHLETE & PARENTAL INFORMATION**

1. Student's Name \_\_\_\_\_ SPORT- (fall) \_\_\_\_\_  
(winter) \_\_\_\_\_
2. Student's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ (spring) \_\_\_\_\_
3. Name of Parent(s)/Guardian(s) \_\_\_\_\_
4. Address of Parent(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Phone Numbers of Parent(s):  
Father's Home (\_\_\_\_\_) \_\_\_\_\_ Father's Work (\_\_\_\_\_) \_\_\_\_\_  
Mother's Home (\_\_\_\_\_) \_\_\_\_\_ Mother's Work (\_\_\_\_\_) \_\_\_\_\_

**II. EMERGENCY CONTACT INFORMATION**

1. List two Emergency Contact other than those listed above:

(Name)	(Relationship)	(Home Phone)	(Work Phone)
_____	_____	_____	_____
_____	_____	_____	_____

2. Presently under the following medical treatment or medication: \_\_\_\_\_  
\_\_\_\_\_

3. Presently allergic to the following medication: \_\_\_\_\_

4. Presently wear glasses? \_\_\_\_\_ Contact lenses? \_\_\_\_\_

5. Describe any other physical limitations or problems that should be known by the coach or emergency medical personnel (e.g. hearing problems, hemophilia, diabetes, etc.): \_\_\_\_\_

**III. MEDICAL TREATMENT CONSENT FOR \_\_\_\_\_**

(Name of Student-Athlete)

I hereby authorize the physician(s) for South Windsor High School, and/or their consulting physicians, to administer emergency care to the above named student-athlete, to render any treatment or medical or surgical care that they deem necessary to protect his or her health and well-being, and to arrange for any consultation by medical specialists, including surgeons, which they deem necessary to insure the proper care and treatment of any injury.

In the absence of the school's authorized physician(s), I hereby grant permission to any qualified physician to furnish emergency medical care and treatment under the guidelines specified above.

I also hereby authorize hospitalization at an accredited hospital if deemed reasonably necessary to provide the proper care for and treatment of any injury sustained by the above named student-athlete.

I also hereby grant permission for qualified athletic trainers at South Windsor High School to render any preventative medical treatment, first aid, emergency medical care, or rehabilitative medical treatment deemed reasonably necessary to protect the health and well-being of the above named student-athlete.

Hospital Preference \_\_\_\_\_ Doctor \_\_\_\_\_

Signature of Student-Athlete \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**IV. AUTHORIZATION FOR RELEASE OF INFORMATION FOR \_\_\_\_\_**

(Name of Student-Athlete)

I hereby authorize the release of any and all information relating to the athletic participation of the above named student-athlete to the media and to college scouts and recruiters, including any medical information concerning injury or illness, any biographical information, and any other information related to athletic participation, including ability, attitude and conduct.

Signature of Student-Athlete \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**ATHLETIC FEE \$ 100.00**  
**(\$100 per sport per athlete - \$250 family max)**

**MAKE CHECKS PAYABLE TO: SOUTH WINDSOR HIGH SCHOOL**  
**PLEASE MAKE SURE STUDENT'S NAME AND SPORT ARE ON YOUR CHECK**

**ATHLETIC RESPONSIBILITY ACKNOWLEDGMENT**

As a South Windsor High School student-athlete participating voluntarily in interscholastic athletics, I understand that:

1. I will abide by the SWHS student code of conduct, the school's Athletic Handbook, the coaches team rules, and the rules of C.I.A.C. I will attend Parents Night for every season.
2. I will conduct myself in an exemplary social manner at all times.
3. I will be responsible for all athletic equipment issued to me throughout the season, will return such equipment at the conclusion of the season, and will pay the current replacement cost for any of the equipment not accounted for by me at the end of the season.
4. I will not use or be in possession of tobacco, alcohol or narcotics. If I do use any of these substances, am in possession of such substances, or am suspended from school for use or possession of these substances, I will be subject to disciplinary actions as outlined in the athletic policies.
5. I am aware that I am exposing myself to the risk of injury including but not limited to, the risk of sprains, fractures and or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.
6. I, along with my parents/guardian certify that I have read and understand all of the SWHS Athletic policies and participation fee guidelines and in order to be eligible for participation I must comply with all requirements listed.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fall 2008** – Football – All tryout forms must be in the main office by **Wednesday, August 13, 2008** in order for students to participate on the first day of tryouts. All other fall sports: forms must be in by **Wednesday, August 20, 2008**. (no exceptions)

**Winter 2008/2009** – Girls Basketball & Hockey: All forms must be in by **November 10, 2008** in order for students to participate on the first day of tryouts. All other winter sports: forms must be in by Monday, **November 17, 2008**. (no exceptions)

**Spring 2009** – All tryout forms must be in main office by **Friday, March 6, 2009** in order for students to participate on the first day of tryouts. (no exceptions)