

**COVENTRY PUBLIC SCHOOLS**

**PERMISSION TO PARTICIPATE in INTERSCHOLASTIC ATHLETICS and MEDICALLY TREAT**

*Please Print (complete both sides of the form)*

**Date:** \_\_\_\_\_

**Student Name:**

\_\_\_\_\_ **DOB** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_

**School:** Feinstein Middle School of Coventry Grade \_\_\_\_\_

*Circle the sport(s) that student may participate:*

Soccer Wrestling Basketball Softball Baseball Cheerleading Intramurals

**Parent Contact Information**

**Father's Name:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**OTHER CONTACTS IN CASE OF EMERGENCY**

**Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Primary Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance 1:** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Insurance 1:** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Parent Signature – Permission to Participate** \_\_\_\_\_

**Parent Signature – Permission to Treat Medically** \_\_\_\_\_

## SPORT PARTICIPATION DATA

*(print or type all information)*

### ATHLETIC AGREEMENT

Coventry public schools believe that it is the function of the Athletic department to provide a sports program which develops physical fitness, character, sports understanding, school spirit, sportsmanship and a spirit of competitiveness in each girl and boy. All parents and students are asked to discuss the implications of participation as stated in the student handbook before signing this form. An athlete will be subjected to disciplinary action if he or she violates the guidelines as stated in the handbook.

### PARENTAL PERMISSION

Our son/daughter has our permission to participate in any sport or activity excluding \_\_\_\_\_ for the academic year \_\_\_\_\_. It is understood that the Coventry School Department will not assume responsibility for injuries or doctor's fees which might be incurred in transporting said student. I agree to pay the Coventry Public Schools Athletic Department the manufacturer's list price on any equipment or uniform, which is not returned at the end of the season in satisfactory condition.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

### ATHLETE'S PLEDGE

I agree to conduct myself in accordance with the athletic agreement. Failure to do so may result in disciplinary action.

Athlete's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**DOCTOR'S PERMIT:** (may substitute by attaching signed doctor's form or just check box if performed by school doctor) The exam must be given between August and June of the participating year.

I have examined this student on this date and found him/her to be physically fit for athletic participation.

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Check if physical was performed by the school doctor: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

### DATE THAT THE ATHLETIC RISK FORM WAS SUBMITTED TO YOUR COACH

The date that your league waiver was filed, (the form you had notarized before participation in Coventry Public Schools athletics).

Month/year: \_\_\_\_\_

Parent Signature \_\_\_\_\_