

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 _____