

**Parish Hill Middle / High School Athletics Permission Form
Fall Season - 2023**

Return this form to School Nurse or Student Services

STUDENT PARTICIPATION AGREEMENT:

Student's Name _____ Today's Date _____

Student's Grade _____ Date of Birth _____

This application to compete in interscholastic athletics for Parish Hill is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the CIAC or Parish Hill. I agree to adhere to the rules and regulations set forth by Parish Hill and the governing body of school sports (CIAC). I agree to be held responsible for athletic equipment assigned to me. I understand that participating in sports is a physical challenge for which I will be prepared, and I also acknowledge that serious injury could occur through my participation. Finally, I agree that it is a privilege to be part of a Parish Hill team, and I will represent myself, my family, my school, and my community in a positive manner.

Signature of Student _____

PARENT or GUARDIAN PERMISSION (Circle one below)

I hereby give my permission for the above named student to participate in the following activity:

H.S. Boys Soccer

M.S. Boys Soccer

H.S. Girls Soccer

M.S. Girls Soccer

H.S. Cross Country

MS Cross Country

In signing below, I the parent of the student named above agree to the following;

1. All parents & students agree to attend one mandatory Athletes-Parents meeting each year.
2. All parents agree to attend a coaches meeting for the sport their son or daughter plays.
3. Per CIAC regulations, student-athletes must attend ten days of practice before competing.
4. There is no guarantee for playing time when a student is selected for a team.
5. The Student-Athlete Handbook is posted on the school's website and it must be read by parents and athletes. Athletes & Parents must sign off on reading & understanding the Handbook.
6. All student-athletes travel on the bus to and from all contests. (Extenuating Circumstances are considered on a case by case basis)
7. The Handbook includes information about the athlete-coach-parent chain of communication.
8. "Be a fan and not a fanatic" as a sports spectator.
9. Parents will work with the coaches to promote positive social media communication.
10. School personnel are allowed to obtain, through a physician of the school's choice, any emergency medical care that may become reasonably necessary.
11. Parents will provide to the coach an epipen, inhaler, or any medical accommodations an athlete needs for sports participation.
12. **Parents must provide documentation to the school that the student-athlete has had a physical examination performed by a certified medical official within the past year.**

Signature of Parent or Guardian _____ Date _____

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Student name: _____ Date of Birth: _____

Parent Contact Information

Name of parent #1: _____

Address, including town and zip code: _____

Home phone number: _____ Cell number: _____

Email Address: _____

Name of parent #2 (if applicable): _____

Address, including town and zip code: _____

Home phone number: _____ Cell number: _____

Email Address: _____

Medical information

Medical conditions coaching staff should be aware: _____

Medications (allergy, diabetes, other): _____

Epipens must be provided by family for the express use by this student

Parish Hill makes available to all students an insurance plan approved by the Regional District #11 Board of Education. The total premium is paid for by the student or family. The purpose of such coverage is to assist with the cost of treatment in case of accidental injury. **SPORTS PARTICIPANTS MUST HAVE INSURANCE IN ORDER TO PRACTICE AND PLAY.**

_____ We will purchase school-approved accident insurance

Insurance company: _____ Insurance ID #: _____

Student's doctor and phone number: _____

Emergency Contacts: In case of emergency, the following can be contacted.

Name: _____ Phone: _____

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