

ATHLETIC PARTICIPATION FORM

Bring this completed form to your coach at the first day of practice

PERSONAL INFORMATION

NAME _____ GRADE _____

ADDRESS _____ CITY _____

DATE OF BIRTH _____ FAMILY PHYSICIAN _____

PARENT/GUARDIAN NAMES _____

HOME PHONE NO. _____

1st PARENT WORK PHONE _____ 2nd PARENT WORK PHONE _____

MEDICAL RELEASE SIGNATURE

I, _____, give the Head Coach or a member of the staff permission, that if my son/daughter receives an injury requiring immediate medical attention, to act in my behalf regarding the care of, or treatment to, my son/daughter.

Parent Signature: _____ Date _____

PARTICIPATION PERMISSION STATEMENT

I/We request that _____ be allowed to participate in organized middle or high school athletics, realizing that such activity involves the potential for injury -- sometimes serious and disabling -- which is inherent in all sports. I/We also acknowledge that I/we have read the rules and policies regarding academics, conduct and training contained in the LTS Activities Handbook, and understand that if my child violates these rules, consequences may include suspension and dismissal from participation.

Parent signature

Student signature

Date

CONCUSSION INFORMATION

It is crucial that students and parents are as aware as possible about concussions. Long Trail School provides required information on concussions at www.longtrailschool.org and as handouts.

I, _____, acknowledge that Long Trail School provides information on concussions.

Parent signature

Student signature

Date

