

# WILLINGTON PUBLIC SCHOOLS

Center School (860) 429-9367

Hall Memorial School (860) 429-9391

## Sports and Extracurricular Activities Permission/Authorization Form

(This form contains confidential student information that should not be made public)

I am the parent or legal guardian of the student named on this form, and I am legally authorized to give this permission/authorization and to sign this form. I give permission and authorization for:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_ School \_\_\_\_\_  
to participate in the following team sports, intramural sports, club, or other after school activity beginning  
on this date: \_\_\_\_\_ and until the end of the season, school session, or the end of the particular  
activity.

Name or description of athletic or other activity: \_\_\_\_\_

Parent/guardian name(s): \_\_\_\_\_ (Phone numbers) \_\_\_\_\_

The following three phone numbers are numbers at which or through which I or the student's other parent  
or guardian may most likely be reached in the event of an emergency:

	<u>Home #</u>	<u>Work #</u>	<u>Cell</u>
Contact #1:	_____	_____	_____
Contact #2:	_____	_____	_____
Contact #3:	_____	_____	_____

I understand and accept the following basic rules and requirements of the student's participation:

- Participation in team sports, intramural sports, clubs, or other extra curricular activities is a privilege, not a right. All students must obey the rules of the sport or activity and the rules established for the team or activity by the coach or supervisor.
- All needed equipment and supplies are not furnished by the school, and participants are required to furnish suitable clothing, footwear for indoor and/or outdoor use, in addition to gloves, supplies, etc.
- Participants in athletic activities are required to wear required protective gear, as indicated by the coach or supervisor. Coaches and supervisors will indicate what protective gear is to be required and used.
- The school system is not responsible for transportation home after games, meetings and practices and other activities. This must be arranged by the participant and his/her family.
- Any participant may be denied the right to participate in or may be removed from the activity by the coach or supervisor when it is determined that this action is in the best interest of the particular program and its participants.

Are you aware of any medical or other issues affecting the student that will preclude participation in the activity of require attention during participation, such as allergies and allergies to stings, or need for medication or inhaler? YES\_\_\_ NO\_\_\_ (Note: The school will try to accommodate the medical or other special needs of students, but this may not be possible in all cases. Individual situations should be discussed in advance with the principal, coach, or activity supervisor.) If you answered YES to the above question, please summarize your concerns: (use back of form if needed).

\_\_\_\_\_  
\_\_\_\_\_  
I understand that from time to time injuries and other emergencies occur during sports, athletic activities, and other after school activities and that medical care may be required. In the event that I or another parent/guardian cannot be reached promptly, or in the event of life-or-death emergency, I authorize a the person in charge of the activity or his/her assistant to authorize and obtain emergency medical treatment from a physician or other health care professional. I also release and discharge the Willington Board of Education and all its employees or agents, including coaches, supervisors and advisors, of and from any liability arising from injury or death to a student in connection with this field trip or school activity.

Parent or Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: School Office  
Coach/Supervisor

## Rules regarding academics for participating in Hall Memorial School athletics:

Our athletes are students first and athletes second. In an attempt to foster a sense of responsibility in our student athletes the following rules and procedures will be implemented.

- All athletes are required to maintain at least a D average for all classes.
- The athletic director will be reviewing student athletes' grades to determine eligibility.
- Athletes are expected to be good school citizens; referrals for major conduct/behavior incidents will result in one game ineligibility.
- Students that are found ineligible will be informed by either the coach or athletics director.
- A plan of action will be made by the student, coach, athletic director, and teachers to reinstitute the student's eligibility.
- During the ineligibility the student athlete will not be allowed to practice or play in games.

Please sign below to show that you understand the above rules.

Parent/guardian \_\_\_\_\_ Signature \_\_\_\_\_  
(Print Name)

Student \_\_\_\_\_ Signature \_\_\_\_\_  
(Print Name)

## Student and Parent Concussion Informed Consent:

I have read and understand this document the "Student and Parent Concussion Informed Consent Form" and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student name: \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Print Name)

I authorize my child to participate in \_\_\_\_\_ for school year \_\_\_\_\_  
(Sport/Activity)

Parent/Guardian name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Print Name)

## Sudden Cardiac Arrest Awareness Informed Consent:

I have read and understand the Parent and Legal Guardian Sudden Cardiac Arrest Awareness Informed Consent Form and understand the severities associated with Sudden Cardiac Arrest (SCA) and the need for immediate treatment of any suspected condition.

I authorize \_\_\_\_\_ to participate in \_\_\_\_\_ for school year \_\_\_\_\_  
(Student Name) (Sport/Activity)

Parent/Guardian name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Print Name)