

**2011-2012 REGIONAL SCHOOL DISTRICT # 19 ATHLETIC PROGRAM  
STUDENT-ATHLETE PERMISSION FORM**

Student-Athlete: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade (Circle one):    9        10        11        12

I hereby acknowledge that I have read the Student-Athlete Handbook explaining the following:

**Athletic Participation/Risk of Athletic Participation**  
**Team Selection and Game Playing Time**  
**Problem Resolution**  
**Substance Use, Possession, or Distribution**  
**Student-Athlete Behavior/Hazing**  
**Locker Rooms**  
**Attendance**

**Length of Season**  
**Student-Athlete Team Captains**  
**Participation/Outside Participation**  
**CIAC Eligibility Rules**  
**Athletic Equipment**  
**Awards**  
**Medical Emergencies/Insurance Coverage**

I agree to adhere to these regulations while participating in the Regional School District # 19 athletic program during the 2011-2012 school year.

_____	_____
<b>Print Student-Athlete's Name</b>	<b>Sport</b>
_____	_____
<b>Student-Athlete's Signature</b>	<b>Date</b>

Student-athletes must travel to and from contests with the team unless a signed transportation waiver form is presented to the coach prior to the day of the game.

I understand that all EOS athletes are required to have an ImPACT Baseline screening on file before participation in an interscholastic sport. If a concussion is sustained, follow-up testing and return-to-play decisions will be made by the school physician in consultation with the certified Athletic Trainer.

I give my permission to the appropriate certified school staff or medical personnel to render emergency first aid, if required, when associated with athletic injury or illness and understand that my child will be transported to an appropriate medical emergency care facility if serious illness or injury should occur.

I understand that my son/daughter is responsible for all equipment and uniforms issued at the beginning of the sport season and will return all loaned equipment/uniforms immediately at the close of the season or pay the replacement cost for the item(s).

I hereby acknowledge that I have read the Student-Athlete Handbook and accept the athletic rules and requirements as a condition for my child's participation in the Regional School District # 19 athletic program. By signing below I also understand the inherent risks in athletic participation.

\_\_\_\_\_

**Print Student-Athlete's Name**

has my permission to participate in athletics during the 2011-2012 school year.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian**

Parent/Guardian email address (optional): \_\_\_\_\_