

**ENFIELD PUBLIC SCHOOLS
DEPARTMENT OF ATHLETICS**

School _____

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

- | | |
|---|------------------------|
| General Policies/Procedures | CIAC Eligibility Rules |
| Participations-Physicals & Permission Forms | Athletic Equipment |
| Insurance Forms | Awards |

I agree to adhere to these regulations while participating in athletics in the Enfield Public Schools.

Sports _____

Print name of student/athlete _____

Signed _____
student/athlete _____ date _____

I understand that such activity involves the potential for injury which is inherent in all sports. Even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death.

I give my permission to the appropriate certified school staff of medical personnel to render emergency treatment, if required, when associated with an athletic injury or illness.

I also agree not to hold the school or anyone acting in its behalf responsible for an injury occurring to the above named student in the course of such activities or travel.

_____ has my permission to participate
in _____ / _____ / _____
athlete's name

I give my consent for my child to participate in the Enfield Public Schools Athletic Program, and have read the Student/Athlete Handbook.

Signed _____
parent/guardian _____ date _____

ATHLETIC EMERGENCY INFORMATION

Student Name _____

Parent Name _____

Address _____

Home Phone _____ Business Phone _____

Grade _____ Mother _____

D.O.B. _____ Father _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Highly allergic to _____

Diabetic _____ Epileptic _____ Other _____

Asthma _____ Cardial Problems _____

Contact Lenses _____

Hospital Preference _____

Medications _____

In the event parents cannot be reached, call:

_____ name _____ phone _____

_____ name _____ phone _____

Insurance Company _____

Policy Number _____

Insurance Carrier _____

parent or guardian

You have my permission to take whatever action is deemed necessary for the health and welfare of my child.

Signature _____ Date _____
Parent/Guardian

For Internal Use Only	For Internal Use Only
	Date _____
	Initial _____