

**U-32 ATHLETIC & RECREATION DEPARTMENT**

**ATHLETIC PARTICIPATION CONSENT FORM – 2009-2010**

All 4 pages of this form must be completed before your son/daughter will be allowed to participate in Interscholastic Athletic practices or contests. Your cooperation is appreciated.

- Amy Molina, Athletic & Recreation Director

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

**Please select/circle no more than one (1) sport in each season!**

**FALL SPORTS**

Field Hockey (Girls)  
Football  
Soccer (Boys/Girls)  
Cross Country (Boys/Girls)  
Cheerleading (HS Only)

**WINTER SPORTS**

Basketball (Boys/Girls)  
Ice Hockey – H.S. Only (Boys/Girls)  
Gymnastics (Girls)  
Nordic Ski (Boys/Girls)  
Alpine Ski – H.S. Only (Boys/Girls)  
Cheerleading

**SPRING SPORTS**

Softball (Girls)  
Lacrosse (Boys/Girls)  
Track (Boys/Girls)  
Tennis – H.S. Only (Boys/Girls)  
Baseball  
Golf – H.S. Only (Boys/Girls)

**INFORMED CONSENT**

In the event of serious accident or illness concerning my child, I understand that the school will try to contact me and follow my instructions. If I can't be reached I then authorize the school to take whatever steps necessary for the health, security and comfort of my child.

I realize there is a risk of being injured that is inherent in all sports. I understand the risks include severe injuries such as fractures, brain injuries, paralysis, or even death. I further understand that the school district disclaims any financial responsibility for the cost of medical treatment, hospitals, ambulances or paramedics, etc., arising from an injury to my child while participating in such interscholastic competition or preparation thereof.

The U-32 Interscholastic Athletic Department hereby informs both the student and parent/guardian that there are risks inherent in athletic participation. By signing below the parent/guardian acknowledge this information and give their consent to participation.

I understand each athlete participating in the athletic program must abide by the expectations and procedures stated in the U-32 Student Handbook & the U-32 Student-Athlete Handbook.

I give permission to have my son/daughter's name and sports photos published on the U-32 athletic web page.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to Amy Molina, Athletics & Recreation Director,  
U-32, 930 Gallison Hill Rd, Montpelier, VT 05602**

U-32 ATHLETIC & RECREATION DEPARTMENT

**ATHLETIC PARTICIPATION CONSENT FORM – 2009-20010**

**ATHLETIC STANDARDS & REGULATIONS**

In order to insure that the goals of the athletic department's mission statement are met, and the rules and standards of the VPA and U-32 are followed, a student athlete who becomes a member of a U-32 athletic program/team must agree to and meet the following conditions:

1. Be a full-time student of U-32 (enrolled in at least 6 academic classes),
2. Be under 19 years of age,
3. Have health insurance,
4. Have a current physical on file,
5. Refrain from the use or possession of drugs, alcohol, and tobacco products during the season,
6. Attend a full-day of school, including TA and all scheduled classes/meetings,
7. Attend all practices unless absent from school or excused by the coach.

**Participation in athletics at U-32 requires the parent's/guardian's and student's signatures after the following statements.**

I hereby apply to participate in Interscholastic Athletics at U-32. I understand and agree to abide by general U-32 standards as published in the U-32 Student Handbook and specific U-32 athletic standards. In addition, I understand that I am obligated to abide by the rules and regulations set forth in those athletic and school organizations of which U-32 is a member. These include the Vermont Principals' Association, the Vermont Hockey League and the Northern Vermont Athletic Conference.

\*\*\* \_\_\_\_\_ Date \_\_\_\_\_  
Student's Signature

I have read the preceding Athletic Standards and Regulations and understand them. I will help my child fulfill his/her commitment to the team and U-32.

\*\*\* \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature

**U-32 • Athletic & Recreation Department • Montpelier, VT**  
**\*\*EMERGENCY CONTACT FORM\*\***

Student Name _____	Sport(s) _____
Address _____	Sex _____
_____	Grade _____ DOB ____ / ____ / ____

**MEDICAL HISTORY**

Please answer the following questions and provide a brief explanation of all YES answers as well as dates where needed. This information will allow the school health team to make educated decisions regarding the student-athlete's health.

In the past year, have you had, or do you now have:	NO	YES	Explain any "YES" answers and GIVE DATES:
Any injuries or disorders requiring medical attention, surgeries, or hospitalizations?			
A concussion? How many? WHEN?			
Convulsions or seizures (fits) for which you are now being treated			
Recurrent headaches?			
Asthma/ breathing difficulty/ cough with exercise? Inhaler?			
The use of only one eye or a history of any injury to the eye?			
Heart murmur, heart problems, history of rheumatic fever?			
Has any member of your family died suddenly of a heart related issue?			
High blood pressure?			
Only one kidney or (boys) one or both testicles not descended?			
Any problems with neck, back, shoulder, hips, or knees?			
Diabetes (sugar)?			
Hemophilia (Are you a bleeder?)			
Anorexia/ bulimia/ eating disorder?			
Mononucleosis?			
Chest pain with exercise or do you tire quickly?			
Had any allergic reactions to medications or insects?			
Wear glasses, contacts, or medical braces during sports activity?			
Is any doctor currently treating you for any disorder?			
Are you currently taking any medication(s)?			
Any problems with your health that might affect your ability to participate in athletic activities?			

**REQUIRED INSURANCE COVERAGE**

U-32, as a member of the Vermont Principals' Association, **REQUIRES** that you provide evidence that either a private or public insurance company covers your son/daughter.

Insurance Company/Carrier: \_\_\_\_\_ Group/Policy # \_\_\_\_\_

**Please fill out the following information completely, accurately and neatly –  
 this information is important to ensure the welfare of your student-athlete!**

Primary Contact/Relationship _____	Home Phone _____
	Work Phone _____
Secondary Contact/Relationship _____	Home Phone _____
	Work Phone _____
Alternate Contact/Relationship _____	Home Phone _____
	Work Phone _____

In the event of serious or potentially serious medical emergency, I grant permission for medically trained school staff to perform supportive measures until I can be contacted, professional medical personnel can attend, or transportation to a medical facility can be arranged. I, the undersigned, certify that the answers to the above questions are correct and true.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

