

**Colchester High School
Athletic Department Permission Slip**

The participant and his/her parents or guardian understand that there are risks of serious injury associated with participation in athletics. The participant and his/her parents or guardian hereby waive and release any and all claims arising from, or related to, participation in Colchester High School athletics. The high school athlete voluntarily elects to participate. The privilege to participate fosters responsibility and the realization that each athlete represents his/her family, school, community, and himself/herself, both on and off the courts and fields.

ALL WHO COMPETE IN ATHLETICS WILL--

1. have written proof of a physical examination
2. have written parental permission (sign below and return the bottom of the page).
3. have sufficient insurance coverage.
4. return all equipment issued by the school. Equipment not returned will result in billing the individual and his/her family and no equipment or uniforms will be issued for any future seasons until equipment is returned or paid for.
5. be academically eligible according to the Academic, Athletic and Co-curricular Eligibility Policy detailed in the student/parent handbook.
6. follow participation rules if suspended for school discipline violation.
7. travel to and from games in school-provided transportation.
8. adhere to coaches' rules and policies.
9. abide by the requirements of the district Drug and Alcohol Policy (detailed in the student/parent handbook).
10. be present at school during the day of a contest for at least one half of the session.
11. report all injuries to the coaches.
12. not have reached his/her 20th birthday.
13. not have been in high school more than eight semesters.
14. not compete on outside teams (or the same sport in which they are competing) during the season he/she is competing in high school.
15. keep his amateur status as defined by the Vermont State Athletic Association.

DEFINITION OF SEASON: A season begins on the first day of try-outs. A session ends after the completion of the coach presenting awards (i.e. certificates, letters and/or pins), not to exceed fifteen school days after the last scheduled event, inclusive of tournament games. This does not pertain to state championship team recognition banquets.

The players should -

1. treat themselves with fairness and respect.
2. treat officials and opponents with respect due any guest.
3. accept victory modestly, defeat gracefully and never quit.
4. control his/her emotions at all times and never argue with an official.
5. accept decisions as they are made and abide by them.
6. never swear, bet, or "grandstand." These are only signs of weakness.
7. keep physically fit for a lifetime by observing training rules for a lifetime.
8. use his/her influence on and off the court to help develop good spectator sportsmanship.

The parent/fan/coach should keep uppermost in his/her mind that once the game begins, the game belongs to the athletes. Let's not take it away from them by our actions.

PLEASE TEAR ALONG THE DOTTED LINE AND RETURN TO COACH

I, the undersigned, have read and understand fully the athletic code and agree to abide by it. I, the undersigned, have received, read, and understand the concussion information packet.

Players' signature: _____ Date: _____

I, the parent/guardian, have read and understand fully the athletic code. I, the parent/guardian have received, read, and understand the concussion information packet. **The participant and his/her parents or guardian understand that there are risks of serious injury associated with participation in athletics. The participant and his/her parents or guardian hereby waive and release any and all claims arising from, or related to, participation in Colchester High School athletics.** I permit _____ to participate in athletics.

Parent Signature: _____ Date: _____

Sport/Activity: _____

Sport/Activity: _____

COLCHESTER HIGH SCHOOL EMERGENCY INFORMATION

This form needs to be completed for every sport the athlete is competing in at the start of the season. Every coach needs to have up to date, accurate information at the start of every season.

Name: _____ Birth date: _____ Age: _____

Parent/Guardian Name: _____ Home Phone: _____

Address: _____ Grade: _____

Daytime Phone: Father: _____ Mother: _____

Cell Phone: Father: _____ Mother: _____

In an emergency, if parent(s) cannot be contacted, notify

Name: _____ Phone: _____

Family doctor: _____ Phone: _____

Preferred Hospital: _____

Known allergies: _____

Date of last tetanus shot: _____

Restrictions: _____

The team trainer and coach may apply first aid treatment until the family doctor can be contacted.

Yes: _____ No: _____

We give our consent for the coaches or trainers to use their own judgment in securing medical aid and ambulance service in case the parent(s) cannot be reached. We also give our consent for the certified Athletic Trainer and the Athletic Training students from the University of Vermont to treat our son/daughter in emergency care, injury evaluation, prevention, management and rehabilitation.

Yes: _____ No: _____

We have medical insurance with _____

Parent/guardian signature: _____ Date: _____