



**2018-2019  
WINDHAM HIGH SCHOOL ATHLETIC PROGRAM  
STUDENT-ATHLETE PERMISSION FORM**

The student-athlete and a parent/guardian must sign this form after reading the handbook. Your signature is an acknowledgement that you understand the information in the handbook and accept it as a condition of participation in the athletic program.

**Student Name: (Print)** \_\_\_\_\_ **D. O. B:** \_\_\_\_\_

**Sport:** \_\_\_\_\_ **Grade & Student ID#** \_\_\_\_\_

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

Participation Requirements Windham Public Schools Eligibility Policy 5114.2 CIAC Eligibility Rules Academics Parent/Athlete/Coach Night Suspension	School Attendance Athletic Attendance Locker Rooms Equipment Awards Injuries and Insurance Hazing	Transportation Problem Resolution Policy on Substance Abuse NCAA Eligibility Handicap Accessibility Expectations of Parents
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I agree to adhere to these regulations while participating in the Windham High School Athletic program during the 2016-2017 school year.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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 of it.

I acknowledge that 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 hereby acknowledge that I have read the handbook (*available online on the WHS webpage under the Athletics tab or <http://whs.windham.k12.ct.us/> or you may request a copy from the Athletic Director's office*) and accept the athletic rules and requirements as a condition for my child's participation in the Windham High School athletic program.

**Student-Athlete's Name (Print)** \_\_\_\_\_  
has my permission to participate in athletics during the 2017-2018 school year.

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

**Parent/Guardian Name (Print):** \_\_\_\_\_

**PLEASE CHECK TO MAKE SURE EMERGENCY INFORMATION IS PROVIDED ON REVERSE**

*The permission form and emergency information form must be returned to the coach before participation in practices or contests will be permitted.*

**Windham High School Athletic Program**  
**STUDENT EMERGENCY INFORMATION**

**Student Name: (Print)** \_\_\_\_\_ **D. O. B:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Telephone Number – (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_  
**(C)** \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

**Telephone Number – (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_  
**(C)** \_\_\_\_\_

**Known Health Problems: (Seizure, Asthma, Diabetes)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Student's Physician:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Student's Dentist:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

***CONSENT: In case of injury or illness and I cannot be reached, the coach, the athletic trainer, nurse or athletic manager has my permission to make arrangements for my child to be taken to the nearest medical facility for an emergency.***

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

*The permission form and emergency information form must be returned to the coach before participation in practices or contests will be permitted.*