

Academy of Our Lady of Mercy • Luralton Hall

200 High Street, Milford, Connecticut 06460

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INTERSCHOLASTIC SPORTS PERMISSION FORM

This form must be completed and signed by the student athlete and by a parent or guardian prior to the first day of practice.

Student Name _____ DOB _____ Grade _____

Sports in which student plans to participate: _____

EMERGENCY INFORMATION

Student Address _____

Name of Father/Guardian _____

Father's Home Phone _____ Work Phone _____ Cell Phone _____

Name of Mother/Guardian _____

Mother's Home Phone _____ Work Phone _____ Cell Phone _____

Medical Insurance _____ Phone _____

Policy/ID # _____ Policy Holder Name _____

Physician _____ Phone _____ Preferred Hospital _____

WARNING STATEMENT TO PARENTS AND ATHLETES

The student named above has my permission to participate in organized high school athletics realizing that such activity involves the potential for injury that is inherent in all sports. I understand that even with the best coaching, use of 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.

ACKNOWLEDGEMENT AND PERMISSION

Signatures below acknowledge or certify that:

1. if an injury occurs which is judged to require immediate medical attention and the persons listed above cannot be reached, Luralton hall has my permission to have my daughter transported to a medical facility for treatment;
2. I have read and understand the above warning statement to parents and athletes;
3. I have read the *Luralton Hall Athletics Handbook* and agree to abide by the rules and regulations set by the Athletic Department of the Academy of Our Lady of Mercy, Luralton Hall as well as all other team and school rules;
4. I understand that my daughter will not be permitted to participate in the athletics program unless a current Health Assessment Record Form representing a current physical examination by a physician is on file at school.

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Date _____