

Southwick Regional High School

ATHLETICS

Permission Form

(Athlete Last Name)

(Athlete First Name)

(Date)

I recognize the responsibilities and safety issues that go with trying out for and participating in the above sport(s). I will conduct myself in such a manner as to bring honor and dignity to my team, the athletic department and my school. If extended the privilege of being a member of a team, I will:

- a. Train consistently with and abide by all training rules as directed by the coach
- b. Abide by the rules and regulations of the school
- c. Conduct myself appropriately at all times so that I may bring credit to my team
- d. Be **R**espectful, **A**ccountable, and **M**otivate in order to be **S**uccessful

I promise to abide by the rules and eligibility requirements listed in the Student-Athlete Handbook. I have received and read the state law on Hazing included in the Student-Athlete Handbook and will refrain from participating in any Hazing activity and report such acts to the school administration.

I understand that to participate in a practice, game, or match; I must be in attendance at school the entire day, beginning at 7:35 AM on that day or the day before a non-school day unless otherwise excused by administration.

Student Signature

Date

Parental Consent

I understand that my daughters'/sons' participation in athletics is a privilege and not a right. Each athlete's continued involvement is dependent upon her/his following of the rules and regulations set forth by the coaching staff, athletic director, and school administration.

I realize that she/he may engage in this activity only if eligible according to the rules of participation set forth by the Massachusetts Interscholastic Athletic Association and Southwick Regional High School.

I absolve the school district of any financial liability for injuries and assume the risks that come with sport participation.

In the event that an injury or illness should occur to the above named student, I hereby give my consent for medical treatment deemed necessary by a certified/licensed athletic trainer, physician or health care provider representing Select Physical Therapy, or a physician designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation

I have read and reviewed the Student-Athlete Handbook and understand its contents and how it pertains to my child and have received and read the Massachusetts State Law on Hazing.

I am aware and give permission to the coaching staff to use video as a means of teaching and evaluating. I can opt out by submitting a written letter requesting my child to not be video recorded.

I have been informed of the state law on Head Injuries/Concussions and have read the STGRSD policy located in the athletic handbook.

Parent Signature

Date