



Tantasqua Regional High School

Brimfield + Brookfield + Holland + Sturbridge + Wales

DEPARTMENT OF ATHLETICS

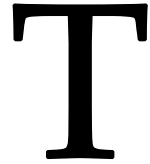
Mr. Robert Casaceli, Athletic Director

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ATHLETIC PERMISSION FORM

Student: _____ Birth Date: _____

Sport of Interest: _____

Address: _____

Mailing address, if different: _____

Home Phone (w/ area code): _____

Mother's Work Number: _____

Mother's Cell: _____

Father's Work Number: _____

Father's Cell: _____

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

My child has had a medical injury/illness requiring a doctor's exam/visit since his/her most recent physical examination. YES _____ NO _____

If yes, state reason: _____

If "Yes" was indicated above, a doctor's note clearing the student-athlete for participation must accompany this form prior to his/her participation.

Any athletic competition has the potential for serious injury. Please be advised that the school insurance IS NOT a primary care policy.

If you are without coverage for your child, the school's policy might not be sufficient coverage should your child suffer a serious injury.

To ensure sufficient insurance coverage, you might consider purchasing the school insurance policy. Information is made available about the policy when school begins, and forms are always available in the main office.

If your child misses any practices or games under a physician's order, a note of clearance from that doctor will be necessary for him/her to return to the team for play or practice.

Any parent/guardian who wishes to drive his/her child home after a game must provide 24-hours notice to the respective coach. Also, the parent/guardian must sign his/her child out personally with the respective coach on the day in question in order for the student-athlete to be released.

I give the above named student-athlete permission to participate in competitive athletics, and give my consent for him/her to accompany the team on its out-of-town trips. I also give my permission for the team physician or school trainer to render medical aid and for the coach to administer emergency first aid. I have read, understand, and accept responsibility for the rules set forth by the Massachusetts Interscholastic Athletic Association, the Tantasqua Regional Athletic Department, and the Tantasqua Regional Junior and Senior High Schools Student and Parent/Guardian Handbooks related to one's athletic participation.

Parent/Guardian Signature

Date