

**HARTFORD PUBLIC SCHOOLS
CONSENT AND RELEASE FORM**

TO: Parent or Guardian and Student Athlete

DATE: 2011 / 2012 School Year

FROM: School Principal

SUBJECT: PARENT / GUARDIAN PERMISSION TO ENGAGE IN
INTERSCHOLASTIC ATHLETICS

I/We, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports:

_____ Baseball	_____ Golf	_____ Track (indoor)
_____ Basketball	_____ Gymnastics	_____ Track (outdoor)
_____ Cheerleading	_____ Soccer	_____ Volleyball
_____ Cross Country	_____ Softball	_____ Wrestling
_____ Football	_____ Swimming	_____ Other

Participation in athletics is voluntary and involves considerable time and effort. Participation in athletics carries the potential for serious injury or in rare cases, death. Safety in athletics is a shared responsibility between the athlete and coach. Athletes are expected to meet academic eligibility standards, adhere to school rules and adhere to the practice schedules and training rules established by coaches. In addition, athletes are responsible for school-issued equipment.

Physical exams are required for entry into the 7th grade and 10th grade. These physicals can be used for participation in athletics for a period of 36 months, as long as the school nurse has approved the parent approved athletic participation form. This form details any changes in medical condition since the last physical exam. The school nurse may, at her discretion, elect to screen any potential athlete whose form has changes in medical condition.

A plan of Interscholastic Sports Insurance has been purchased by the Hartford Public Schools to cover students participating in extracurricular sports activities. This form of insurance provides that valid claims for accidental injuries sustained as a result of participation in interscholastic athletics will be paid on an EXCESS BASIS. This means the insurance provided by Hartford Public School will often, but not always, pay eligible amounts in excess of that portion not covered by your family medical coverage, such as Blue Cross, Blue Shield, etc. Also, in most cases payments will be made after your family medical coverage has paid their portion of expenses.

IN THE EVENT OF AN EMERGENCY REQUIRING MEDICAL ATTENTION I HEREBY GRANT PERMISSION TO A PHYSICIAN OR OTHER MEDICAL PERSONNEL DESIGNATED BY HARTFORD PUBLIC SCHOOL TO ATTEND TO MY SON/DAUGHTER. I UNDERSTAND EVERY REASONABLE EFFORT WILL BE MADE TO CONTACT ME FOR SPECIFIC AUTHORIZATION PRIOR TO SECURING MEDICAL ATTENTION FOR MY CHILD.

I / WE ASSUME THE RISK OF INJURY TO OUR CHILD THAT MAY OCCUR IN AN ATHLETIC ACTIVITY.

I / We acknowledge that I/We have read and understand this warning.

Parent / Guardian Signature_____

Parent / Guardian Signature_____

Athlete's Signature_____

Date_____