

Northwestern Regional School

TURN INTO COACH: ATHLETICS & ACTIVITIES EMERGENCY & PERMISSION FORM

ATHLETE'S LAST NAME: _____ FIRST _____ GRADE: _____ DATE OF BIRTH: _____

Circle name of all sports participating in:

Fall: Soccer Field Hockey Cross Country Volleyball Football | Winter: Swimming Basketball Indoor Track Cheerleading | Spring: Tennis Track Baseball Softball Golf

Mailing address: _____ Town _____ Zip _____

Home phone: _____ Email _____

Mother's name: _____ Work phone: _____

Father's name: _____ Work phone: _____

Emergency Contacts: 1. Name and Relationship: _____ Phone: _____

2. Name and Relationship: _____ Phone: _____

Physician or Clinic: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Insurance company: _____

Check those that apply:

Health History:

- _____ Diabetes
- _____ Asthma
- _____ Epilepsy (Seizures)
- _____ Cardiac (specify) _____
- _____ Contacts

Allergies:

- _____ Hay Fever
- _____ Poison Ivy, Oak
- _____ Insect Stings
- _____ Drugs (specify) _____
- _____ Food (specify) _____

Medications: (Including inhalers): _____

Operations, Injuries, Illness, Special Restrictions – Please explain: _____

Date of Last Tetanus Shot: _____

ACKNOWLEDGEMENT OF RESPONSIBILITIES

The opportunity to participate in athletics is a privilege that carries with it responsibilities to the school, the activity, the student body, the community, and to the participants themselves. It is expected that as an athlete that you will follow the CIAC Rules, Berkshire League Rules, and Northwestern Athletic Policies & Rules.

Northwestern policies and rules include but are not limited to the following:

- *Appropriate behavior both on and off the field*
- *Attendance at all contests and practices*
- *Travel to and from contests on the team bus*
- *Representation of the school with pride and dignity in the school & community*
- *No use or possession of alcohol, tobacco, marijuana, or other drugs during the season in which the student is participating including school and non-school time.*
- *Attendance in school before allowed at practices and contests*
- *Responsibility for any damaged or lost equipment given to the student*

Northwestern rules can be found in detail in the student athlete handbook online at NWR7.com-Athletics. These handbooks are given to each student in the athletic program during the first season in which they participate during the academic year and are available at the school.

CIAC policies and rules include but are not limited to the following:

- You must be taking at least four (4) units of work or the equivalent (rule I. A.)
- You must pass (D-) at least four (4) units or the equivalent at the end of the last regular marking period (Rule I.B.); Eligibility for students is determined the day report cards are distributed to the students.
- You are nineteen (19) years of age before June 30 (Rule II.B);
- You cannot change schools without a change of legal residence unless you meet exceptions. 30 Transfer wait period may be in effect. (Rule II.C);
- You have played the same sport for more than three (3) seasons in grades 10, 11, 12 (Rule II.B);
- You may not play or practice with an outside team in the same sport while a member of the school team after the first scheduled game in any season (Rule II.E). Please see rules for some exemptions for parent/child, swimming, tennis, gymnastics.
- You may not play under an assumed name on an outside team (Rule II.F);
- You receive personal economic gain for participation in any CIAC sport (Rule II.F)

All CIAC Rules and Regulations can be found at the following website:
<http://www.casciac.org/pdfs/ciachandbook>

PERMISSION FOR EMERGENCY TREATMENT & ACCEPTANCE OF PERSONAL INJURY RISK

I give permission for above named student to participate in organized Northwestern athletics and/or activities, realizing that such activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protection 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 authorize any licensed physician to provide emergency treatment for the student/athlete named above while participating in athletics. I understand that this authorization is given prior to any need for medical care, but is given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of his/her best judgment. I presume a reasonable attempt will be made to contact me. I acknowledge that I have read and understand these warnings and authorize a physician to act on my behalf. I also understand and agree to CIAC, Berkshire League, and Northwestern policies and rules as set forth above and in the student athlete handbook.

SIGNATURE OF PARENT or GUARDIAN

Date

Student-Athlete Signature

Date

Check here if you do not want your name or picture on the internet