

# Mt. Anthony Union Middle & High School

## Participation Form



*This form needs to be completed at the beginning of each season*

### A. Personal Data

Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone# \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

Sport Season \_\_\_\_\_

### B. Medical History Information

**History of seizures:**     Yes    No    *If yes, please provide more information*

\_\_\_\_\_

**Asthma:**                     Yes    No    Inhaler Location \_\_\_\_\_

**Allergies:**                     Yes    No    EpiPen Location \_\_\_\_\_

*If yes, please provide more information*

\_\_\_\_\_

**Any serious injuries:**     Yes    No    *If yes, please provide more information*

\_\_\_\_\_

**Diabetes:**                     Yes    No    *If yes, please provide more information*

\_\_\_\_\_

**Medications:**               Yes    No    *If yes, please provide more information*

\_\_\_\_\_

C.

**Medical Release Signature**

I, \_\_\_\_\_, (Name of Parent/Guardian) give the Athletic Trainer or Coach permission, that if my child receives an injury requiring immediate medical attention, to act in my behalf regarding the care of, or treatment to, my child. I also understand the final decision for my child to return to play will be made by the MAU Athletic Trainer regardless of the presence of a clearance note from an external health care provider. I also Acknowledge my child has been determined by a doctor to be in sound physical condition and has an up to date physical on file.

Parent's/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

D.

**Insurance Information**

In order to participate in interscholastic sports, students must have adequate on a Health and Accident insurance policy at home or purchase the school insurance.

1. Adequate coverage is provided on a Health and Accident Policy at home

Name of insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

**OR**

2. I will purchase School Insurance  Yes  No

E.

**Participation permission statement**

I/We request that \_\_\_\_\_ (Name of Student) be allowed to participate in organized high school athletics, realizing that such activity involves the potential for injury- sometimes serious and disabling- which is inherent in all sports. I/We acknowledge that I/we have read and understand this warning, and fully understand the responsibilities for participating. I/We have read the information provided to us about concussions as required by the VPA. Lastly, I/We have read and will abide by all the rules and policies regarding academic, conduct, and training rules contained in the MAU Athletics & Activities Digest, and understand that if my child violates these rules, consequences may include suspension and dismissal from participation.

Parent's/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

(I have read and understand all responsibilities that I have as a student athlete)