

JOHNSTON ATHLETIC DEPARTMENT PARENT OR LEGAL GUARDIAN PERMISSION FORM

(PLEASE PRINT)

(CIRCLE ONE)

STUDENT'S NAME _____ YOG: 2018 2019 2020 2021
 LAST FIRST MI

ADDRESS _____ TOWN _____ ZIP _____

SPORT _____ DATE OF BIRTH ____/____/____ TEL. _____

EMERGENCY TELEPHONE NUMBER _____

HEALTH INSURANCE CARRIER _____ POLICY # _____

BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES *RISK OF INJURY* WHICH MAY RANGE IN SEVERITY FROM MINOR TO EVEN DEATH. ALTHOUGH SERIOUS INJURIES ARE NOT COMMON IN SUPERVISED SCHOOL ATHLETIC PROGRAMS, IT IS IMPOSSIBLE TO ELIMINATE THE RISK. PARTICIPANTS CAN HAVE THE RESPONSIBILITY TO HELP REDUCE THE CHANCE OF INJURY. TO DO THIS PLAYERS MUST OBEY ALL RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

BY SIGNING THIS PERMISSION FORM, WE ACKNOWLEDGE THAT WE HAVE READ THE ABOVE INFORMATION. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM.**

I FULLY UNDERSTAND THAT THE JOHNSTON SCHOOL DISTRICT **DOES NOT PROVIDE ANY ACCIDENT OR HEALTH INSURANCE COVERAGE** FOR MY CHILD WHILE PARTICIPATING IN INTERSCHOLASTIC ATHLETICS. I FULLY UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE INSURANCE COVERAGE FOR MY CHILD AND THAT THE JOHNSTON SCHOOL DISTRICT, STAFF, EMPLOYEES OR AGENTS ARE NOT RESPONSIBLE FOR BILLS FOR PHYSICAL EXAMINATIONS OR MEDICAL BILLS RESULTING FROM INJURY.

I FULLY UNDERSTAND THAT THE R.I. INTERSCHOLASTIC LEAGUE REGULATIONS AND/OR THE JOHNSTON SCHOOL DISTRICT POLICY STATE THAT A STUDENT SHALL BE INELIGIBLE FOR INTERSCHOLASTIC ATHLETICS UNLESS THERE IS ON FILE IN THE SCHOOL A CURRENT MEDICAL STATEMENT CERTIFYING THAT THE ATHLETE HAS PASSED A PHYSICAL EXAMINATION PRIOR TO THE BEGINNING OF THE SPORT'S SEASON. **AN ATHLETE WHO IS SERIOUSLY ILL OR INJURED DURING THE SEASON WILL BE REQUIRED TO PRESENT A RELEASE STATEMENT FROM AN ATTENDING PHYSICIAN TO THE COACH.**

"I HEREBY GIVE MY CONSENT FOR THE ABOVE NAMED STUDENT TO:

1. REPRESENT HIS/HER SCHOOL IN APPROVED ATHLETIC ACTIVITIES
2. ACCOMPANY AND SCHOOL TEAM TO WHICH HE/SE IS A MEMBER ON ITS LOCAL OR OUT-OF TOWN TRIPS
3. RECEIVE, THROUGH MEDICAL DOCTOR OF THE SCHOOL'S CHOICE, EMERGENCY MEDICAL CARE WHICH MAY BECOME REASONABLY NECESSARY IN THE COURSE OS SUCH ATHLETIC ACTIVITIES OR TRAVEL

"I FURTHER AGREE NOT TO HOLD THE SCHOOL OR ANYONE ACTING IN ITS BEHALF RESPONSIBLE FOR ANY INJURY OCCURRING TO THE ABOVE NAMED STUDENT IN THE PROPER COURSE OF SUCH ATHLETIC ACTIVITIES OR TRAVEL."

SIGNATURE _____
(PARENT/LEGAL GUARDIAN)

DATE _____

SIGNATURE _____
(STUDENT)

DATE _____

NOTE: CANDIDATES FOR ATHLELTIC TEAMS WILL NOT BE PERMITTED TO PRACTICE OR COMPETE UNTIL THIS FORM IS COMPLETED AND HAS BEEN RETURNED TO THE HEAD COACH.

Keith Cory

Athletic Director