

**BRISTOL-PLYMOUTH REGIONAL TECHNICAL SCHOOL
ATHLETICS PARTICIPATION/ EMERGENCY CONSENT FORM**

Student's Name: _____ Sport: _____

Address: _____ Phone#: _____ Grade: _____

Parent/ Guardian: _____

Home Phone #: _____ Cell Phone #: _____

Insurance Company Name: _____ Policy # _____

Policy Holder's Name: _____

*Does your child have any health concerns we should be aware of? Yes _____ No _____

*Has your child ever been diagnosed with having had a concussion? Yes _____ No _____

*If you answered yes to either question please explain further on the back of this form.

Special Considerations:

If a student has an allergy and requires an epi-pen it is the student/parent responsibility to have epi-pen with them for all sports activities.

If a student has asthma and requires a fast acting inhaler the student should have the inhaler with them for all sports activities.

If a student has an injury during a sports season that requires a visit to a physician the student will need written clearance from the physician to return to sports (ex. Concussion, torn ligament, and fracture).

Emergency Contact Person (s): (Include Home and Cellular Telephone #)

1. _____
2. _____

RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

We the undersigned father/mother or guardian (s) of _____ a minor, do hereby consent to his/her participation in voluntary athletic programs and do forever RELEASE, acquit, discharge and covenant to hold harmless the Bristol-Plymouth Regional Technical School District, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses, and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or in result from his/her participation in the Bristol-Plymouth Regional Technical School's athletic programs; FURTHERMORE, we/I hereby agree to protect the Bristol-Plymouth Technical School District and its successors, departments, officers, employees, servants, and agents against any claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Bristol-Plymouth Regional Technical School's voluntary athletic programs, and to INDEMNIFY, reimburse or make good to the Bristol-Plymouth Regional Technical School District or its successors, departments, officers, employees, servants and agents any loss or damages or costs, including attorney's fees, the District or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said sports programs.

Bristol-Plymouth Regional Technical School and its athletic trainers have my permission to seek necessary emergency treatment for my daughter/son during her/his participation in athletics, practice, games, and conditioning workouts. This permission remains in effect for the duration of the school year.

Parent/ Guardian signature _____ Date: _____
Student signature _____ Date: _____

DATE OF LAST PHYSICAL EXAM _____ SCHOOL NURSE SIGNATURE _____