

**PUTNAM VALLEY SCHOOL DISTRICT
DEPARTMENT OF INTERSCHOLASTIC ATHLETICS**

Athletic Participation Form

PERMISSION TO PARTICIPATE (Cannot be dated before 30 days prior to the start of each athletic season)

I give permission to my child _____ to participate in the **Putnam Valley School**
(Name of child)

District _____ program. It is my understanding that my child will comply with the
(Sport and Level)

established policies **Putnam Valley School District** and the **Athletic Department**. I will assume responsibility for paying fines incurred by my child for loss and/or damage to equipment, supplies, and uniforms with the exception of normal wear.

(Parent /Guardian Signature) (Date)

SPORTS WARNING

We are aware that playing or practicing in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**.

We understand that the risks of engaging in the sport of _____ include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system and injury or impairment to other aspects of the body, general health and well being.

We also understand that the dangers and risks of engaging in the above sport may result not only in serious injury, but in a serious impairment of the future abilities of the athlete to earn a living and engage in business, social and recreational activities and generally to enjoy life.

Because of the risks described above, we recognize the importance of listening to and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. We therefore, expressly agree to obey all of the coach's instructions and warnings.

It is acknowledged that we have read and understand the implications of this sports warning.

(Parent/Guardian Signature) (Date) (Signature of Athlete) (Date)

**EMERGENCY MEDICAL TREATMENT
TO BE KEPT IN THE FIRST AID KIT**

Student Name: _____ Address _____ Date of Birth _____

In the event that I cannot be reached and my child requires emergency medical attention, I hereby grant permission to a licensed physician designated by the Putnam Valley School District coaching staff to attend to my son/daughter in an appropriate medical setting.

(Parent/Guardian Signature) (Date) Grade _____ Sport/Level _____
Parent E-Mail _____

MEDICAL & EMERGENCY INFORMATION

Allergies: _____ **Asthma:** _____ **Medications:** _____
Last Tetanus Shot: _____ **Preferred Hospital:** _____
Home Phone _____ **Cell:** _____ **Parent Work Phone** _____
Family Physician/Phone Number: _____
Family Dentist/Phone Number: _____
Emergency Contact & Phone # (other than parent) -1) _____
Emergency Contact & Phone # (other than parent)- 2) _____
Health Insurance Company: _____ **Name of Insured:** _____
Insurance ID#: _____ **Group #:** _____

MEDICAL HISTORY UPDATE

Student Name _____ Sport _____ Grade _____

Coach: _____ Date of Physical Examination _____

A student who engages in interschool competition MUST have completed the required physical examination. The student may not begin practice without the required medical documentation and approval by the Chief Medical Officer. **Unless the physical examination has been conducted within the past 30 days of the start of a season, a health history up-date is required. These questions MUST BE ANSWERED for this form to be completed.**

IN ADDITION, EACH STUDENT WANTING TO PARTICIPATE IN A SPORT MUST RETURN THIS FORM TO THE HIGH/ MIDDLE SCHOOL HEALTH OFFICE PRIOR TO THE START OF TRYOUTS FOR HIS/HER CHOSEN SPORT EACH SEASON.

- 1. Any allergies that require medication? Yes___ No___
- 2. Any medical conditions such as diabetes, seizures, asthma, hypertension? Yes___ No___
- 3. Any medications taken? Yes___ No___
- 4. Any current heart problems or heart condition earlier in life? Yes___ No___
- 5. Any parent or sibling with a history of:
 - Stroke before the age 50? Yes___ No___
 - Heart disease under age 50? Yes___ No___
 - Hypertension? Yes___ No___
 - Heart rate or rhythm disturbances? Yes___ No___
 - Sudden death? Yes___ No___
- 6. During the last year have you:
 - Had an injury requiring medical treatment? Yes___ No___
 - Been a patient in a hospital overnight or longer? Yes___ No___
 - Missed school or practice 3 consecutive days for illness? Yes___ No___
- 7. Any orthopedic problems that require bracing, support or medication? Yes___ No___
- 8. Have you ever had a head injury or concussion? Yes___ No___
- 9. Have you ever:
 - Passed out during or after exercise? Yes___ No___
 - Been dizzy during or after exercise? Yes___ No___
 - Had chest pain during or after exercise? Yes___ No___
 - Been short of breath during or after exercise? Yes___ No___
- 10. Are you missing any "paired" organ (eye, kidney, etc.) or limb? Yes___ No___

If you answered **YES** to any questions, please explain below

I acknowledge that the above information is correct and my son/daughter still remains in good health.

(Parent/Guardian Signature)

(Date)