

# FORM #1

SCHOOL YEAR: \_\_\_\_\_

**AMITY REGIONAL SCHOOL DISTRICT #5 - ATHLETIC DEPARTMENT**  
**ELIGIBILITY / PERMISSION TO PARTICIPATE AND TRAVEL / PHYSICAL CONFIRMATION**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ SPORT: \_\_\_\_\_ GRADE: \_\_\_\_\_

RESIDENCE TOWN: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

Playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I/we understand that the dangers and risks of playing or practicing to play/participate in the above sport 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 internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, general health and well-being. I/we understand that the dangers and risks of playing or practicing to play/participate in the above sport may result not only in serious injury, but in a serious impairment of future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above sport, I/we recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and to agree to obey such instructions.

In consideration of the Amity Regional School District permitting him/her to try out for the Amity Regional Middle School (**indicate sport**) \_\_\_\_\_ team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in that sport, I/we hereby assume all the risks associated with participating and agree to hold the Amity Regional School District, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in Connecticut with (his/her) participation in any activities related to the Amity Regional Middle School team. The terms hereof shall serve as a release and assumption of risk for our heirs, estate, executor, administrator, assignees, and for all members of our family.

The undersigned as parent or guardians gives consent for the athlete identified herein to engage in athletics as a representative of Amity Regional Middle School and to accompany the team as a member on its many trips.

I have read the warning and release and understand its terms. I understand that all sports can involve many RISKS OF INJURY, including, but not limited to, those risks outlined. **I have read and understand this document the "Student/Parent - Concussion Education Plan & Consent Form" and understand the severities associated with concussions and the need for immediate treatment of such injuries. I have read and understand this document the "Student & Parent Informed Consent Form" and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected condition.**

I also hereby acknowledge that I have read the Student-Athlete Handbook and understand the Athletic Department and C.I.A.C. Rules and Regulations, and will adhere to all aforementioned guidelines.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_, 20 \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_, 20 \_\_\_\_\_

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**NURSE:** A physical examination was done on \_\_\_\_\_, and student is eligible to participate.

HEALTH OFFICE INITIALS: \_\_\_\_\_

HEALTH OFFICE STAMP: \_\_\_\_\_