



# WINSLOW ATHLETIC DEPARTMENT

FULL NAME OF STUDENT: \_\_\_\_\_ SPORT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ CLASS OF (YEAR): \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ DR.'S TELEPHONE: \_\_\_\_\_

This application to compete in athletics at school is entirely voluntary on my part and is made with the understanding that this membership can be terminated by a violation of school/athletic department rules and by not meeting eligibility standards.

As a Winslow student/athlete, I pledge to read the Athletic Handbook (available at [whs.winslowk12.org](http://whs.winslowk12.org)) and abide by all the rules and regulations that govern the athletic program.

I also recognize that I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.

MEDICAL INSURANCE COMPANY: \_\_\_\_\_ SUBSCRIBER: \_\_\_\_\_

POLICY #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

I hereby give my consent for the above named student: (1) to represent his/her school in athletic activities, provided that such athletic activities are approved by the Board of Education. (2) To accompany any school team of which he/she is a member on any of its local or out-of-town trips. I authorize the school or its agent to obtain, through a physician of its own choice, any medical care that may become reasonably necessary for the student in the course of such activities or such travel.

I acknowledge that my son/daughter has had a physical examination within the prescribed time frame dictated in the Athletic Code.

As the parent/guardian of the above mentioned athlete I pledge to become familiar with the rules and regulations that are spelled out in the Athletic Handbook and to do everything within my control to insure that my son/daughter abides by those standards. In signing this form, I accept the responsibility of notifying the school of any violations of the rules and regulations outlined in the Athletic Handbook.

I am also aware of the risks, stated above in the student section, that are inherent with interscholastic athletics.

### MAJOR HEALTH PROBLEMS

\* Known allergies (to medication, bee stings, food, etc.) \_\_\_\_\_

\* Known illness or defects or medications (asthma, injury, surgeries, etc.) \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE OF ATHLETE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE OF PARENT:** \_\_\_\_\_

I give \_\_\_ / do not give \_\_\_ Winslow High School permission to share my e-mail address with Booster groups and other Athletic Department groups so that I may receive current information.

(Please check appropriate box and initial here: \_\_\_\_\_). E-MAIL: \_\_\_\_\_

**EMERGENCY PROCEDURE INSTRUCTION  
WINSLOW SCHOOL DEPARTMENT**

Grade \_\_\_\_\_ Sport \_\_\_\_\_ Birth Date \_\_\_\_\_

Pupil's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name and Address and Phone of person to contact in case of emergency *OTHER THAN PARENT (REQUIRED)*.

\_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Known allergies to medication or other (dust, bee sting, etc.)

\_\_\_\_\_

Medication presently taking (long term) \_\_\_\_\_

Do you wear contacts? \_\_\_\_\_

Known illnesses or defects (asthma, heart condition, physical defect, recent surgeries, injury, etc.)

\_\_\_\_\_

\_\_\_\_\_

**NOTE: I hereby give my consent to the school to follow the above orders and procedures. My permission continues until I revoke it by written notification to the school authorities.**

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Address (Street or Road)

\_\_\_\_\_  
Town