

**WORCESTER PUBLIC SCHOOLS
ATHLETIC DEPARTMENT
PARTICIPANT PERMISSION FORM**

Participation in athletics is inherently dangerous. Even when all reasonable precautions are taken, students can be, and indeed, may be injured. All students participate in athletics voluntarily with the permission of their parents or guardians and will follow all rules pertaining to students and athletics set by the Massachusetts Interscholastic Athletic Association (MIAA) and the Worcester Public Schools Policies Handbook.

Worcester Public Schools student athletes and their parents/guardians:

- Understand that they may be photographed or videotaped by the media during games and/or practices
- Accept the inherent risks associated with participation in athletics
- Accept the inherent risks associated with transportation to and from games and practices
- Have read the Fact Sheet for Parents and Fact Sheet for Athletes regarding concussion (attached)
- Have read the parent and student information provided on Substance Use Disorder (attached)

HISTORY OF HEAD INJURY

- Has student ever experienced a traumatic head injury (a blow to the head)? Yes ____ No ____
If yes, when? Dates (month/year): _____
- Has student ever received medical attention for a head injury? Yes ____ No ____
 - If yes, when? Dates (month/year): _____
 - If yes, please describe the circumstances: _____
- Was student diagnosed with a concussion? Yes ____ No ____
 - If yes, when? Dates (month/year): _____
 - Duration of symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion: _____

Student Name: _____ Date of Birth: _____ School: _____

Sport: _____ Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Parent/Guardian:

Name: _____
(Please print) Signature Date

Student Athlete: _____
Signature Date

School Nurse: _____
Signature Date

Emergency Contact

Name: _____

Relationship to student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____