

# Cony High School Athletic Permission Form

To be completed by Parent / Guardian: Date: \_\_\_\_\_ I hereby give permission to \_\_\_\_\_

To participate in \_\_\_\_\_ for school year SY 20 \_\_\_\_ to 20\_\_\_\_  
*Please list all sports competing in for year*

### ELIGIBILITY

1. Must be regularly enrolled in school and have passed three full-time academic subjects for the previous quarter in order to be eligible to compete during the next quarter. Deficiencies may be made up through summer school. (available through Adult Ed)
2. Is eligible for eight semesters after he/she first enrolls as a freshman.
3. Becomes ineligible on his/her twentieth birthday or upon graduation from high school.
4. Primary allegiance is to his/her school team. Any participation in non-school sports activities may come only after his/her obligations to the school team have been met.
- 5 Have a complete medical examination upon entering Cony. Date of exam: \_\_\_\_\_

### INSURANCE

Name of health insurance company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

List any medical problems the coaches should be aware of (*Allergies, Asthma, diabetes, epilepsy, etc*): \_\_\_\_\_

\_\_\_\_\_

The student's family is the primary insurer. The Augusta Board of Education does provide secondary health insurance for all students. Although the protection is liberal, there are specific policy limitations that should be carefully noted. (See student accident Medical Expense insurance plan pamphlet.)

### INJURY AWARENESS

One should realize that there is a risk of being injured that is inherent in all sports. The injury may be severe, including fractures, brain injuries, paralysis or even death.

### ATHLETIC POLICIES

\_\_\_\_\_ Yes, I the Parent/ Guardian have read the Cony High School Athletic Handbook and the coach's guidelines.

\_\_\_\_\_ I am aware of the eligibility requirements, insurance coverage, injury risk and athletic policies.

### CONY ALL SPORTS BOOSTER STATEMENT

To help insure that our athletes are provided with the safest and best equipment, the All Sports Boosters will be soliciting your help to work concessions, 50/50, and other major fundraisers.

### PARENT'S OR GUARDIAN'S PERMISSION

*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 State Association; (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 to obtain, through a physician of its choice any emergency medical care that may become reasonably necessary for the student in the course or such activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above-named student in the course of such athletic activities or such travel.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work \_\_\_\_\_

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

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To be completed by Student: Date: \_\_\_\_\_ I have read the Cony High School Athletic Handbook and Coach's guidelines and will abide by them and do everything to help my team achieve success.

INJURY AWARENESS: I realize that there is a risk of being injured that is inherent in all sports. I realize that the risk may be sever, including the risk of fractures, brain injuries, paralysis or even death.

Year of Graduation \_\_\_\_\_ Signature of Athlete: \_\_\_\_\_

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## PRE-PARTICIPATION PHYSICAL EVALUATION

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Personal Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Sport: \_\_\_\_\_

Explain the Yes answers below.

		Yes	No
1	Have you ever been hospitalized?		
	Have you ever had surgery?		
2.	Are you presently taking any medications?		
3	Do you have any allergies? (medicine(s), bees, etc.)		
4	Have you ever passed out during or after exercise?		
	Have you ever been dizzy during or after exercise?		
	Have you ever had chest pain during or after exercise?		
	Do you tire more quickly than your friends during exercise?		
	Have you ever had high blood pressure?		
	Have you ever been told that you have a heart murmur?		
	Have you ever had racing of your heart or skipped heart beats?		
	Has anyone in your family died of heart problems or a sudden death before the age of 50?		
5	Do you have any skin problems? (itching, rashes, acne)		
6	Have you ever had a head injury?		
	Have you ever been knocked out or unconscious?		
	Have you ever had a seizure?		
	Have you ever had a stinger, burner or pinched nerve?		
7	Have you ever had heat or muscle cramps?		
	Have you ever been dizzy or passed out in the heat?		
8	Do you have trouble breathing or do you cough during or after activity?		
9	Do you use any special equipment? (pads, braces, neck rolls, mouth guard, eye guards, etc)		
10	Have you ever had any problems with your eyes or vision?		
	Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? Head ___ Shoulder ___ Thigh ___ Neck ___ Elbow ___ Knee ___ Chest ___ Hip ___ Forearm		
11	___ Shin/Calf ___ Back ___ Wrist ___ Ankle ___ Hand ___ Foot ___		
12	Have you had any other medical problems? (infectious mononucleosis, diabetes, etc)		
13	Have you had a medical problem or injury since your last evaluation?		
14	When was your last tetanus shot?		
	When was your last measles immunization?		

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby state that to the best of my knowledge, my answers to the above questions are correct. Date: \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_