

Connecticut Technical High School System Interscholastic Permission

School: _____

Date Received _____

PARENT/GUARDIAN: PLEASE COMPLETE

This form plus a physical exam form must be on file with the School Nurse before the student may practice or play a sport. Physical exams are valid for 13 months from the date of exam. A new permission form is also required every 13 months.

Section 1: To Be Completed by Student

Student Agreement:

Name: _____ Date of Birth: _____

Grade _____ Shop _____ Sport(s): _____

This application to compete in supervised interscholastic athletics for the above school is entirely voluntary on my part. I certify that I have not violated any of the eligibility rules and regulations of the Connecticut Interscholastic Athletic Conference (CIAC).

Signature of Student: _____ Date: _____

Section 2: To Be Completed by Parent/Guardian

Parent/Guardian's Permission: *I give my consent for the above student to participate in interscholastic athletics and to accompany the team, as a member, on trips to any interscholastic games and consent to the necessary transportation for such trips.*

I understand that high school athletics involve the potential for injury which is inherent with any sport. I am aware that even with the best coaching, supervision, protective equipment and strict observation of the rules that there is still a potential for injury. On rare occasions, injuries could result in total disability or death.

Signature of Parent/Guardian _____ Date: _____ Email Address: _____

Home Address: _____ Phone: (H) _____ (W) _____ (C) _____
(street address, city, zip code)

Emergency Contact #1 Info: Name: _____ Relationship _____

Address: _____ Phone: (H) _____ (W) _____ (C) _____
(street address, city, zip code)

Emergency Contact #2 Info: Name: _____ Relationship _____

Address: _____ Phone: (H) _____ (W) _____ (C) _____
(street address, city, zip code)