



MOUNT MANSFIELD UNION HIGH SCHOOL ATHLETIC PARTICIPATION FORM



STUDENT NAME _____ SPORT _____ AGE _____ DATE OF BIRTH _____ GENDER _____ GRADE _____
PARENT/GUARDIAN'S NAME _____ HOME/CELL PHONE _____ WORK _____
EMAIL _____ HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

SECTION ONE: PHYSICAL EXAM (To be filled out by primary care provider): *This section must be filled out and signed by a primary care provider if your physical will expire before or during the athletic season. Updated physicals are required every two years. Physical is not valid unless one of these WELL EXAM codes is checked by primary care provider.*

Well Exam Using ICD-9-CM code ☐ (99383 or 99393 = 5-11 years) ☐ (99384 or 99394 = 12-17 years) ☐ (99385 or 99395 = 18-39 years)

This Athlete Is (Check One) ☐ Cleared Without Restrictions ☐ **Cleared With Restrictions – If Cleared With Restrictions Explain**

This Athlete Is (Check One) ☐ Cleared For All Sports ☐ **Cleared For Certain Sports - If Cleared For Certain Sports Explain**

Practitioner Comments _____

Name of Practitioner (Print / Type) _____ Practitioner Phone _____

Signature of Practitioner _____ Date of Physical Exam _____

SECTION TWO: ATHLETES CURRENT MEDICAL HISTORY: *** *This section must be filled out for each season.* ***

RELEVANT MEDICAL INFORMATION FOR COACHES:

Allergies No/Yes _____ EpiPen Necessary NO/YES _____

Asthma No/Yes - Emergency Medications _____ Diabetes NO / YES - Emergency Medications _____

Seizure Disorder NO/YES - Emergency Medications _____ Concussion History NO/YES – Date(s) _____

Comments _____

Signature of Person Filling Out Athletes Current Medical History _____

SECTION THREE: PERMISSION FOR TREATMENT & LIABILITY RELEASE

To the Parent or Guardian: In case of injury acquired during interscholastic competition, athletic practice, physical education, on school grounds, or during a school sponsored activity, I hereby consent to have the above named student examined and, if required, to be treated by a physician or hospital. I am of the understanding that in case of injury, Mount Mansfield Union High School will make every effort to contact me prior to taking the student to a physician or hospital. In the event I cannot be notified, Mount Mansfield Union High School and its representative has my permission to take appropriate steps to insure the safety and well-being of the child.

I, the parent/guardian of _____, give Mount Mansfield Union High School and authorized personnel permission to sign for treatment in case of accident or injury.

Liability Release: I am aware that playing or practicing in any sport can be dangerous in nature involving MANY RISKS OR INJURY – major and minor. Due to the inherent dangers of participating in sports, I recognize the importance of following coach's instruction regarding playing techniques, training and other team rules and agree to obey such instructions. I/we understand that Mount Mansfield Union High School is not liable for any injury that may occur.

SECTION FOUR: PARENT AND ATHLETE CO-CURRICULAR PROCEDURES AND GUIDELINES AGREEMENT & PARENT/ATHLETE CONCUSSION INFORMATION SHEET

Signature on this form indicates that the student athlete and parent(s) or guardian(s) have read and agree to abide by the co-curricular procedures and guidelines of Mount Mansfield Union High School and the Vermont Principals' Association and the Parent/Athlete Concussion Information Sheet. All this information can be found in the main office or on the MMU Athletic website.

The staff and school board of Mt. Mansfield Union High School expect good sportsmanship from all participants, including our student athletes, our coaches and our fans. Being an athlete, spectator or parent does not give one the right to be argumentative or abusive towards the opposing team, their fans or the officials. Such behaviors are not acceptable and will not be tolerated. Athletes and parents must sign below, acknowledging that they have read and understand our expectations. Both signatures are required for student participation in this activity.

Directory Information/Press Release: I/We give our permission for Mt. Mansfield Union High School to release "Directory Information" concerning our child, including individual statistics to the general public through the media via radio, newspapers, TV, internet, and game programs. _____ Yes _____ No

*Student _____ *Parent/Guardian _____ Date ____/____/____

White – Athletic Director

Yellow – Athletic Trainer

Pink – Team Packet

Gold – Health Office