

## ATHLETIC FORMS

*Please complete and return to the Athletic Office.*

*Forms can be dropped off or mailed to the High School Athletic Department or sent in with your child before the first day of practice. Athletes will not be able to participate unless all necessary forms are turned in.*

A student must meet the following requirements in order to try out for a Weston High School interscholastic team:

***The following must be returned to the Athletic Director's office*** (the first three items are located in the beginning of this handbook or a copy can be obtained at the Weston High School Athletic Office):

- **A Sports Physical card** — Please be aware that you and your physician must complete the Weston High School Athletic Physical Examination Card in its entirety.  
*NOTE: The blue State health form cannot be substituted for this yellow card.*
- **Emergency Medical Card**
- **Parent/Player Agreement, Parent Consent**
- **Participation Fee check for \$75.00 (payable to WHS) per sport, per season (\$300 cap per family)**

**\*\* WE STRONGLY ENCOURAGE THAT YOU NOT WAIT UNTIL THE FIRST DAY OF PRACTICE TO TURN IN YOUR FORMS \*\***

If you have participated in a sport during the previous season in the same school year, you do not need another signed physical exam card. However, a new Emergency Card and the Participation Fee (as noted below) must be submitted.

Although participation fees are designed to partially offset the costs of extracurricular activities, these programs shall be open to all students without regard for ability to pay. Funding shall be provided for students whose families are unable to pay for participation in approved sports and activities. Parents/Guardians who are experiencing financial hardship must submit in writing to the Weston High School Principal a request for a Participation Fee Waiver prior to each season of participation. Specific guidelines for a Participation Fee Waiver will be available this summer.

In addition, students must be in compliance with the Connecticut Interscholastic Athletic Conference (CIAC) eligibility regulations and Weston High School Eligibility Policy. Students and parents must also have read and agreed to abide by all the rules and regulations that govern the high school athletic program.

**PHYSICAL EXAMINATION CARD**

(to be filled out by athlete/family)

Class of \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male Female

1. Are you currently under a physician's care and if so, for what condition?  
\_\_\_\_\_
2. List any illnesses or injuries requiring medical attention, including hospitalization in the past 12 months  
\_\_\_\_\_
3. Are you currently taking any medication? YES NO If yes, specify  
\_\_\_\_\_
4. Allergies (Medications/Foods/Seasonal)? YES NO If yes, specify  
\_\_\_\_\_
5. Anaphylactic Reactor – Epipen? YES NO

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

*Information on this form will remain CONFIDENTIAL as required by law.*

**Physician's Examination** (To be filled in and signed by the examining physician. Indicate if examination is Within Normal Limits (WNL) by placing an "x" where indicated.)

BODY SYSTEM	W N L	COMMENTS IF NOT WITHIN NORMAL LIMITS
Cardiovascular		
Musculoskeletal		
Respiratory		
Endocrine/Lymphatic		
Digestive/Urogenital		
Neurological		
Additional Comments		

*I certify that I have on this date examined the above boy/girl and recommend him/her being physically able to participate in competitive high school athletics.*

**Date of Physical Exam** \_\_\_\_\_ **Signature of Examining Physician** \_\_\_\_\_

Date of Last Tetanus Immunization \_\_\_\_\_ Stamp of Physician \_\_\_\_\_

## WESTON HIGH SCHOOL – EMERGENCY CARD

### LIST SPORT:

FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Employment \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Phone # \_\_\_\_\_

If any medical conditions and/or allergies exist, please list: \_\_\_\_\_

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### In an emergency, if parents cannot be contacted:

Emergency Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_

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

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

### EMERGENCY MEDICAL AUTHORIZATION

In the event that reasonable attempts to contact me (parent/guardian) or the other names listed have been unsuccessful, in the case of an emergency, I give my consent for coaches and/or team physicians to use their own judgment in securing medical aid and ambulance service.

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

\_\_\_\_\_  
Date

**PARENT MUST SIGN AND ATHLETE MUST RETURN THIS CARD TO COACH  
BEFORE THE FIRST PRACTICE**

## PARENT/PLAYER AGREEMENT

To be a member of a Weston High School athletic team is a privilege and not a right. Students are expected to behave with respect and concern for the rights, safety, and welfare of all individuals while participating in the athletic program. The student/athlete is expected to make responsible decisions about his/her behavior. The student/athlete continually serves as a reflection of his/her coach, team, family, school, and community.

Student/Athletes must abide by the rules and regulations of the Athletic Department, which are covered in the Athletic Handbook. Coaches may establish additional rules and regulations specific to that sport and his/her team, not covered in the handbook. These rules will be provided in writing at the team orientation meeting and will be discussed with all prospective team members. These rules will be approved by the Principal/Athletic Director.

- ***I hereby acknowledge I have read the Athletic Handbook and the handout administered by the head coach detailing the specific requirements of the sport in which I am participating.***
- ***I hereby acknowledge that I have been properly advised, cautioned and warned of the risk of serious injury, which is inherent in all sports.***
- ***I have read the Athletic Training Rules, which are in effect from the first day of practice through the last day of the season.***
- ***I agree to abide by all the rules and regulations, which govern the Weston Interscholastic Athletic Program.***

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**Signature of Athlete**

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**Date**

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**Signature of Parent/Guardian**

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**Date**

- I/We give permission for my son/daughter to participate in organized high school athletics realizing that such activity involves the potential for injury, which is inherent in all sports.
- I/We understand that the athlete will travel, as a participant, under the coach's direction and authority from time of departure until return.
- I/We give permission to the appropriate certified school staff or medical personnel to render emergency treatment if required when associated with athletic injury or illness.
- I/We recognize that participation in the athletic program at Weston High School is a privilege, not a right, and that all CIAC and school regulations as well as team rules must be adhered to for continued participation.
- I/We hereby acknowledge that I/We have read and understand the **Athletic Handbook** and the handout issued by the head coach detailing the specific requirements of the sport. I/We agree to abide by all the rules governing the Weston Interscholastic Athletic Program. I/We give our consent for my/our child to participate in the Weston Schools Interscholastic Athletic Program.

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**Signature of Parent/Guardian**

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**Date**

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**Parent/Guardian Place of Employment**

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**Work Phone#**