

Connecticut Technical High School System Interscholastic Permission School:

(Green Form)

J.M. Wright Technical H.S.

Student Name: _____

Date: _____

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.

Parent/Guardian to fill this part out

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.

Parent/Guardian (Please Print) _____

Signature: _____ Date: _____

Email Address: _____

Home Address: _____
(street address, city, zip code)

Phone: (H) _____ (W) _____ (C) _____

Emergency Contact #1 Info:

Name: _____ Relationship _____

Address: _____
(street address, city, zip code)

Phone: (H) _____ (W) _____ (C) _____

Emergency Contact #2 Info:

Name: _____ Relationship _____

Address: _____
(street address, city, zip code)

Phone: (H) _____ (W) _____ (C) _____

Student fills out this part

Student Agreement:

Name: _____

Date of Birth: _____ Grade _____

Shop _____ (Please enter N/A for students entering 9th grade)

Sport(s):

____ Football (w/Trinity)

____ Basketball (Girls)

____ Softball

____ Soccer (Co-Ed)

____ Basketball (Boys)

____ Baseball

____ Cross Country (Co-Ed)

____ Volleyball (Girls)

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: _____

CIAC Concussion Video

(Available at: <http://concussioncentral.ciacsports.com/>)

I _____, and my child, _____,
(Print Parent name) (Print Athlete name)

have watched the concussion video online. My signature indicates that I have watched this video in its entirety and I understand that any questions I may have should be directed to the school nurse or athletic director.

Parent Signature

Athlete Signature