Sports Participation Permission

Athletic Department
J.M. Wright Technical High School
120 Bridge Street Stamford, CT 06905

Dear Parent(s) or Guardian(s):

Your son/daughter has expressed an interest in becoming a candidate for an athletic team at J.M. Wright Technical High School. We require the completion and submission of the following forms before your child may begin tryouts and practice: (These forms are available on the School athletics website and in the athletic office. Over the summer months, these forms will be available in the Guidance office with Ms. O'Banner.)

- The J.M. Wright Technical HS Athletic Participation Permission Form. (This Form)
- The J.M. Wright Technical HS Athletic Information Form (Purple Form)
- The J.M. Wright Technical HS Athletic Handbook Form (Blue Form) (To be signed by BOTH the parent and the student-athlete)
- The Sudden Cardiac Arrest Education Plan Consent form for the upcoming year. (Pink Form) (To be signed by BOTH the parent and the student-athlete)
- The Student & Parent –Concussion Education Plan & Consent form for the upcoming year. (Gray Form) (To be signed by BOTH the parent and the student-athlete)
- The CTHSS Interscholastic Permission form. (Green Form) (To be signed by BOTH the parent and the student-athlete) This form also includes the Concussion Video Sign-off.
- The State of Connecticut Department of Education Health Assessment Record. (To be completed by the physician and is only valid for 13 months) (Turned in to the Nurse and then a Yellow Form to the Athletic Department)

After the AD receives these forms, he will present a Warrior Card to the student. This card must be given to the coach by the student. The student will then be eligible to tryout and practice.

Students are advised to take care of the pre-season essentials early so that they are ready to start tryouts and practicing on the first day. Coaches are instructed to prohibit anyone from practicing who has not submitted the
properly completed forms. **No student athlete will be able to participate in ANY tryouts, practice or game without the completed and updated permission forms and Warrior Card.**

If a student-athlete participating in intramural or interscholastic events will be carrying their (a) inhalant medications prescribed to treat respiratory conditions or (b) medication administered with a cartridge injector for students with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death, be sure to have the prescriber’s self-administration authorization box checked on the student’s MDI or EpiPen Medication administration Authorization Form.

The preceding requirements are in place so that we may provide a safe athletic experience for your child. Thank you for your cooperation in this matter. If you have any questions, please call the school nurse.

By signing below you agree to all terms and conditions as well as all rules and regulations set by the CIAC, The J. M. Wright Tech Administration, The J. M. Wright Tech Athletic Department and the Coaches for the sport you are choosing to participate in.

Name for Student: ______________________________

Student’s Signature: ______________________________

Parent or Guardian’s Name: ______________________________

Parent or Guardian’s Signature: ______________________________

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(For Official Use Only)

_____ Participation Letter

_____ Student Info Sheet

_____ Handbook Sign-off (Blue Form)

_____ Sudden Cardiac Arrest (Pink Form)

_____ Concussion Education (Gray Form)

_____ CTHSS Permission (Green Form)

_____ Nurse Sign-Off (Yellow Form) EXP Date: _________________

Sport: _________________________ Approval: _________________________