

## YORK SCHOOL DEPARTMENT ATHLETIC PARTICIPATION AND PARENTAL APPROVAL FORM

This form must be filled out completely before the student will be allowed to draw equipment, to practice or to compete in interscholastic athletics. Receipt of this form indicates parental/guardian and student agreement with the student conduct policy and player coverage of athletic injury policy.

NAME \_\_\_\_\_

D.O.B. \_\_\_\_\_ GRADE \_\_\_\_\_

PHONE \_\_\_\_\_

STUDENT'S INSURANCE  
\_\_\_\_\_

**PHYSICIAN RECOMMENDATION**

\_\_\_\_\_ PASS (Physically fit to engage in all sports)

\_\_\_\_\_ PASS with restrictions

\_\_\_\_\_ FAILED. Reason:  
\_\_\_\_\_  
\_\_\_\_\_

.....

\_\_\_\_\_

PHYSICIAN SIGNATURE

\_\_\_\_\_

DATE OF EXAMINATION

	YES	NO	EXPLAIN
1. Are you under a doctor's care for a chronic illness?	_____	_____	_____
2. Are you currently taking medications?	_____	_____	_____
3. Have you ever felt dizzy, passed out or had chest pain during exercise?	_____	_____	_____
4. Do you have any joint or bone injuries (fracture, sprains, dislocations)?	_____	_____	_____
5. Have you ever been knocked out (concussion)?	_____	_____	_____
6. Do you have asthma or any allergies?	_____	_____	_____
7. Has anyone in your family died suddenly before the age of 50?	_____	_____	_____
8. Do you know of any reason why sports participation should be limited?	_____	_____	_____
9. For Women Only: Do you have any menstrual irregularities?	_____	_____	_____

I hereby give my consent for the above named student: 1) to represent his/her school in athletic activities, except those ruled out by the examining physician, provided that such athletic activities are approved by the York School Committee; 2) to accompany any school team of which he/she is a member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel; 3) to have a physical examination by a physician; 4) to provide either school insurance or personal insurance to protect the student in case of injury. (WARNING: Student accident insurance does not cover football).

**CODE OF ETHICS**

Students shall not use, transport or be in possession of alcohol, use or be in possession of tobacco in any form, use, have in possession, buy, sell, or give away drug paraphernalia, marijuana, or any other substance defined by law as a drug or look-alike drug. It is not a violation for a student to be in possession of a legally prescribed drug for that students' own use.

SIGNATURE OF PARENT/GUARDIAN	DATE
SIGNATURE OF STUDENT	DATE