

ORVILLE H. PLATT HIGH SCHOOL
PERMISSION TO ENGAGE IN ATHLETICS FORM

hereby acknowledge I (student and parent) have read the attached Athletic
rules and Regulations concerning the following:

HIGH SCHOOL ATHLETIC DEPARTMENT PHILOSOPHY
PHYSICAL AND PERMISSION FORMS
INJURY POLICY AND INSURANCE
GENERAL POLICIES AND EXPECTATIONS
CIAC ELIGIBILITY RULES
EQUIPMENT, UNIFORMS, AND OTHER OBLIGATIONS
SUBSTANCE ABUSE INFORMATION AND POLICIES

I agree to adhere to these regulations to the best of my ability while
participating in athletics at Platt High School.

Signed: _____ Athlete's Name _____ Social Security # _____

Signed: _____ Parent's Name _____ Telephone No. _____

I/We give permission for _____
to participate in _____

realizing that such activity involves the potential for injury which is inherent
in all sports. I/We acknowledge that even with the best coaching, use of the
most advanced protective equipment, and strict observance of rules, injuries
are still a possibility. On rare occasions, these injuries can be so severe as to
result in total disability, paralysis, or even death.

Please fill out the following information:

Student's Name _____ H.R. _____

Grade _____ Address _____

Phone _____ Birthdate _____ Age _____

Personal Physician _____

I/We acknowledge that I/We have read and understand this form.

Signed: _____ Athlete's Name _____ Date _____

Signed: _____ Parent's Name _____ Date _____

PLEASE REMOVE THIS ENTIRE FORM AND RETURN TO THE
COACH.

For School Use Only: The above student has fulfilled the requirements to
compete in the school's athletic program.

Requirements: Permission Slip _____

Physical: _____ Pos _____ Neg _____

Academic Standing: _____

Signature: Nurse _____

Office _____

Athletic Director _____