



THE WOODWARD SCHOOL ATHLETICS DEPARTMENT

Parent/Guardian Sports Participation Form

2023-2024 School Year

1. My signature below indicates that I understand the NEPSAC Student Eligibility/School Requirements for athletes require record of a **physical examination** (within 13 months of season start date) and **proof of medical coverage** be provided before my child can participate in athletics:

NEPSAC Rule 56.1 States:

All students must pass a physical examination within thirteen months of the start of each season. Students who meet this criterion at the start of the season will remain eligible for that season. Physical examinations must be performed by a duly registered Physician, Physician's Assistant or Nurse Practitioner. A student in violation shall be suspended from practices/contests...without a proper physical."

2. All student athletes must provide an up-to-date copy of their school and sports physical examination before the start of practice each school year.
3. Statement of Risk: The risk of injury while participating in athletics does exist. The Woodward School coaching staff works carefully to provide a safe and responsible practice and playing environment, combined with coaching and instruction for the safety and care of the athlete's physical wellbeing.
4. Authorization to Obtain Medical Treatment: I authorize The Woodward School's Athletic Training/Coaching Staff, or its representatives, to obtain medical treatment on my child's behalf. In the event that, in the opinion of said staff, or representative, my child is in need of such treatment, that said staff, or representative, may act on my behalf. I agree to waive any rights which I may have against the staff, or its representatives, on account of an action that the school, or they, may take on my child's behalf. I give permission, in consideration of the HIPAA Act of 1996 and associated regulations thereunder, that those providing medical services may disclose, and/or provide in writing, essential medical information about my child to medical care providers, or in turn to school personnel, for the purpose of emergency care or other medical treatment and associated record keeping.
5. Financial Responsibility for Medical Costs: I agree that I shall be responsible for the payment of any medical treatments of any nature, which may arise in connection with any injury/accident to my child while they are participating or involved in The Woodward School Athletic Program.
6. Medications: Any athlete who requires an Epi-Pen, Inhaler, or other necessary, physician approved, medical device for their participation in athletics must provide a written and signed action plan from the physician AND said medication/device for the team medical kit for **each sport**.
7. Hazing Policy: Hazing in any form is unacceptable and punishable according to Massachusetts State Law – Chapter 536, Sections 17 & 18. Hazing is defined as any conduct, or method of initiation, which willfully, or recklessly, endanger the physical or mental health of any student or person. By signing this form, I am attesting that I understand the law and that hazing is unacceptable and against the Code of Conduct at The Woodward School.
8. I understand that I may rescind permission for my child to participate in the Athletics Program by written communication to the school.

I fully understand the conditions under which students are allowed to take part in organized activities at The Woodward School and I give my child permission to participate.

Name of Student Athlete (Print): _____

Sport (please list all sports your child plans to participate in): _____

Parent/Guardian Signature: _____ Date: _____

Athletics Fee Required for Participation: **\$100 per sport**