

The Woodward School – Athletics Department
Parent/Guardian Sports Participation Permission Form
School Year: 2019-2020

1. My signature below indicates that I understand that NEPSAC Student Eligibility/School Requirements for athletes require that a Physical examination record and proof of medical coverage be provided before I 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. 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 safety and care of the athlete's physical wellbeing.

3. All student athletes must provide an up to date copy of their school and sports physical examination report before the start of practice each school year.

4. I authorize Woodward's Athletic Training/Coaching Staff or its representatives to obtain medical treatment on my daughter's behalf. In the event that, in the opinion of said staff representative, my daughter 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 daughter's behalf. I give permission, in consideration of the HIPAA Act 1996 and associated regulations thereunder, that those providing medical services may disclose, and/or provide in writing, essential medical information about my daughter 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. I agree that I shall be responsible for the payment of any medical treatments of any nature, which shall arise in connection with any injury/accident to my daughter while she is participating or involved in the Woodward school athletic program.

6. Any athlete who requires an epi-pen, inhaler or other necessary, physician approved medical device for her athletic participation must provide that 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 endangers the physical or mental health of any student or person. By my signature on this form, I am pledging 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 daughter to participate in the athletics program by a written communication to the school.

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

Name of Student Athlete: _____ **Sport:** _____
(Please Print)

Parent/Guardian Signature: _____