

**STUDENT PARTICIPATION PARENTAL CONSENT FORM**

School:		School Year:
Last Name:	First Name:	Student #
Address		
City/Town:	State:	Zip:
Parent/ Guardian # 1:	Parent Guardian 2:	
Home Phone:	Home Phone:	
Cell Phone:	Cell Phone:	

**Emergency Contact Information**

Name:		
Phone Contacts: (Cell)	(Home)	(Work)

Relationship to Student:

**SPORTS PARTICIPATION: Please select each sport in which you intend to participate.**

BPS HIGH SCHOOLS OFFERINGS			BPS MS + K8 OFFERINGS	Others (Please record)
Fall	Winter	Spring	Baseball	
Football	Basketball	Baseball	Basketball	
Cross Country	Indoor Track	Softball	Double Dutch	
Volleyball	Ice Hockey	Tennis	Football	
Soccer	Swimming	Outdoor Track	Track + Field	
Cheer	Wrestling	Volleyball	Volleyball	

**Both the student and parent/guardian must read carefully and sign below****MEDICAL QUESTIONNAIRE and PHYSICAL EXAMINATIONS**

I hereby state to the best of my knowledge, my answers to the sports medical questionnaire are complete and correct and submitted to my child's school nurse along with a current (13 months) physical examination document. I give permission for my child to participate in Boston Public Schools athletic programs. Boston Public Schools and its athletic trainers and associated medical personnel have permission to seek necessary emergency medical treatment for my child during his/her participation in conditioning, practices, play, and play competitions in any and all above-checked athletics teams, activities, and programs.

**HOLD HARMLESS AGREEMENT and EMERGENCY/INJURY TREATMENT or CARE**

I acknowledge that there are many inherent RISKS of INJURY involved in participating in athletic events. In acknowledging these RISKS (including, but not limited to injuries to vital joints, ligaments, tendons, organs, muscles, bones, as well as head injuries, neck and spinal injuries, partial paralysis, brain damage, and even death) and in consideration of the opportunity for my child to participate in the above checked sport(s), I agree to hold Boston Public Schools collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and athletic trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever (including attorney fees) which may arise by or in connection with my child's participation. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrators, assignees, and for all members of my family. If needed, I hereby authorize dispensation of medication by non-nursing personnel as provided by my child's medical provider.

**CONCUSSION AWARENESS**

I understand that Massachusetts State Laws requires parents, guardians, volunteers and parent volunteers of participating student athletes in any Boston Public school athletic activity, team, program, or event, to participate in SPORT/HEAD INJURIES and CONCUSSION AWARENESS (online or through written materials) training. By my signature I attest I have completed the training.

Signature (Parent/Guardian):	Date:
Signature (Student):	Date: