

SIMSBURY HIGH SCHOOL
DEPARTMENT OF ATHLETICS AND STUDENT ACTIVITIES

COMBINED REGISTRATION SIGNATURE FORM

Please complete and return this form, Athletic Emergency Information Form and fee to the Athletic Office.

Student's Name: _____ **Grade:** _____ **Date:** _____

SPORT: _____

Sports Contract: (A SPORTS CONTRACT MUST BE COMPLETED FOR EACH SEASON A STUDENT PARTICIPATES IN ATHLETICS AT SHS)

I have read the sports contract in its entirety and understand potential consequences for any violations

Student' Name: _____ **Signature:** _____

I/We have read and understand the sports contract and we have discussed it with our child, we recognize our responsibility in ensuring that our child abides by the provisions of this agreement, and we give our permission for our child to participate in the Simsbury High School Interscholastic Athletics Program.

Parent/Guardian Name: _____ **Signature:** _____

Student and Parent/Guardian Concussion Informed Consent:

I have read and understand this document the "Student and Parent Concussion Informed Consent Form" and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student' Name: _____ **Signature:** _____

Parent/Guardian Name: _____ **Signature:** _____

Sudden Cardiac Arrest Student & Parent/Guardian Informed Consent:

I have read and understand this document the "Sudden Cardiac Arrest Student & Parent Informed Consent Form" and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected condition.

Student' Name: _____ **Signature:** _____

Parent/Guardian Name: _____ **Signature:** _____

Parent/Guardian Consent to Treat:

I have read and understand this document the "Consent to Treat Form" and I give my permission for treatment.

Parent/Guardian Name: _____ **Signature:** _____

**STUDENTS MUST TURN THIS COMPLETED FORM IN TO THE ATHLETIC OFFICE BEFORE
GOING TO TRYOUTS OR PRACTICE**

SIMSBURY HIGH SCHOOL
DEPARTMENT OF ATHLETICS AND STUDENT ACTIVITIES
Athletic Emergency Information Form

ATHLETE'S NAME _____ DATE OF BIRTH _____ GRADE _____

HOME ADDRESS: _____ SPORT: _____

HOME PHONE _____ ATHLETE'S CELL _____

FIRST CONTACT	
PARENT/GUARDIAN NAME	HOME PHONE
RELATIONSHIP	CELL
ADDRESS	WORK

SECOND CONTACT	
PARENT/GUARDIAN NAME	HOME PHONE
RELATIONSHIP	CELL
ADDRESS	WORK

OTHER CONTACTS IF PARENT/GUARDIAN CANNOT BE REACHED			
NAME	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	RELATIONSHIP
NAME	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	RELATIONSHIP

PRIMARY INSURANCE CARRIER _____

INSURANCE POLICY NUMBER _____

HOSPITAL PREFERENCE _____

ALLERGIC REACTION TO:

BEE STINGS

SHELLFISH

NUTS

MEDICATIONS CURRENTLY TAKING*

MEDICAL CONCERNS: Please Explain or Attach SHS Action Plan

DIABETIC

SEIZURE DISORDER

PREVIOUS CONCUSSIONS

OTHER MEDICAL-RELATED CONCERNS (please explain):

*The School nurse MUST have a current order on file for Authorization to Administer Medication.

I/WE GIVE PERMISSION FOR YOU TO TAKE WHATEVER ACTION YOU DEEM NECESSARY FOR THE HEALTH AND WELFARE OF MY CHILD IN CASE OF AN EMERGENCY.

PARENT/GUARDIAN SIGNATURE DATE