## ATHLETIC EMERGENCY FORM

Pulvities you will participate in this year:  Ist any known medical history that may be beneficial in case of injury of Illness. Examples: Allergy, previous injury, medication, etc.  Samily Doctor:  Address:  Address:  Address:  Plenet Contact Information:  Pather's Name:  Cell Phone:  Work Phone:  Work Phone:  Home Phone:  Is the above person aware that he/she might be called if there is an energency? Yes No  ATHLETIC INSURANCE COVERAGE  This form is to be completed and returned to the Norwalk Activity Office. Your cach may collect them and forward them the office. This must be done prior to the end of the first week of practices.  Student's Name.  Grade  For Information regarding other insurance options, please centect the Athletic/Activities Office.  Parent/Guardian Signature  Date  CONCUSSION AWARENESS  IMPORTANT: Students participating in Interscholastic athletics, cheerleading & dance, and their parents/guardians must is the euknowledgement below & return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.  We have received the information provided on the concussion fact sheet titled,  "HEADS UP: Concussion in High School Sparts"  Student's Signature  Date  Student's Signature	Name of Student Athlete:		Grade:
ist any known medical history that may be beneficial in case of injury of iliness. Examples: Allargy, previous injury, needication, etc.    Address:	ctivities you will participate in this	year:	
Address:	ist any known medical history tha nedication, etc	t may be beneficial in case of injury	of illness. Examples: Allergy, previous injury,
Tather's Name:	amily Doctor:	Add	lress:
Parent Contact Information:    Cell Phone:	Phone:	Hospital to be transported to	in case of emergency:
Address:	arent Contact Information:		
Cell Phone:	ather's Name:	Cell Phone:	Work Phone:
arme and phone number of person to contact in case parent or guardian cannot be reached:    Is the above person aware that he/she might be called if there is an amergency? Yes No	lother's Name:	Cell Phone:	Work Phone:
Is the above person aware that he/she might be called if there is an amergency? Yes No  ATHLETIC INSURANCE COVERAGE  this form is to be completed and returned to the Norwalk Activity Office. Your coach may collect them and forward them the office. This must be done prior to the end of the first week of practice.  Budent's Name	ome Address:		Home Phone:
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Provider	ne office. This must be done price	or to the end of the first week of prac	aice.
Provider			<del></del>
Parent/Guardian Signature  CONCUSSION AWARENESS  MPORTANT: Students participating in interscholastic athletics, cheerleading & dance, and their parents/guardians must s the acknowledgement below & return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.  We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports"			
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Student's Signature Date Sludent's Printed Name	the acknowledgement below & ref	ng in interscholastic athletics, cheer turn it to their school. Students can received the information provided on	leading & dance, and their parents/guardians must sig not practice or compete in those activities until n the concussion fact sheet titled,
Student's Signature			
	Student's Signature	Date	
Parent/Guardian Signature Date Sludent's School	Parant/Guardian Signature	Date	Student's School

## Parents or Guardians Permission

(1) TO REPRESENT THE SCHOOL IN ATHLETIC ACTIVITIES, PROVIDED THAT THE ACTIVITY IS APPROVED BY TH STATE ASSOCIATION. (2) TO ACCOMPANY ANY SCHOOL TEAM OF WHICH HE/SHE IS A MEMBER ON ANY OF ITS LOCAL OR OUT OF TOWN TRIPS. I AUTHORIZE THE SCHOOL TO OBTAIN, THROUGH A PHYSICIAN OF ITS OWN CHOICE, ANY EMERGENCY MEDICAL CARE THAT MAY BECOME REASONABLE NECESSARY FOR THE STUDENT IN THE COURSE OF SUCH ATHLETIC ACTIVITIES OR SUCH TRAVEL.  SIGNATURE OF PARENT/GUARDIAN  DATE  NORWALK SCHOOL ACTIVITY DEPARMENT PARENT / PARTTICIPAN	Grade	HEREBY GIVE CONSENT FOR
	/HICH HE/SHE IS A MEMBER ON ANY OF ITS	LOCAL OR OUT OF TOWN TRIPS. I AUTHORIZE THE SCH CHOICE, ANY EMERGENCY MEDICAL CARE THAT MAY BE
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ACKNOWLEDGEMENT OF Board Policies 503.4, 503.4R1, & 504.6	es 503.4, 503.4R1, & 504.6	ACKNOWLEDGEMENT OF Boa
As the parents / guardian of:		
(Name of Participant)	articipant)	ı
I hereby acknowledge that I have read and understand the Norwalk School Board Policies 503.4 (Good Conduct Rule), & 503.4R1 (Good Conduct Rule Enforcement), and 504.6 (Stude Activity Program), as they appear in they appear in the Student Handbook found on the Norwalk Community Schools website ( <a href="https://www.norwalkschools.org">www.norwalkschools.org</a> ).	Rule Enforcement), and 504.6 (Student Student Handbook found on the	503.4 (Good Conduct Rule), & 503.4R1 (Goo Activity Program), as they appear in they ap
Parent / Guardian Signature Date	Date	Parent / Guardian Signature
Participant Signature Date	Date	Participant Signature
WAIVER AND RELEASE OF LIABILITY  DISCLAIMER: NORWALK SCHOOL DISTRICT IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING OR ANY OTHER WAY INVOLVED IN FOOTBALL, CROSS COUNTRY, WRESTLING, BASKETBALL, TRACK, TENNIS, GOLF, SOCCER, BASEBALL, SOFTBALL, CHEERLEADING, DRILL TEAM OR VOLLEYBALL FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF NORWALK SCHOOL DISTRICT, ITS AGENTS, OR EMPLOYEES.  In consideration of my participation, I hereby release and covenant not-to-sue, Norwalk School District and any of its employees, instructors, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Norwalk School District or others listed for property demage, personal injury, or wrongbil death, arising as a result of my engaging in or receiving instruction in the above named activities, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious highry to virtually all bones, joints, muscles, and intermed lograms and that equipment provided for my protection may be inadequate to prevent serious highry. I further undersland that he named activities may involve a high risk of knee, head, and neok injury. In addition, I understand that participation in the named activities involves incidential thereto, including, but to little to travet to and from the eliab of the activity, participation at sites that may be remote from available medical assistance, and the possible recities conducts of other participants. I am voluntarity participating in the named activities with the knowledge of the danger involved and inerby agree to accept any and all inherent risks of property damage, passonal injury, or chair.  I understand that this waiter is intended to be as broad and inclusive as permitted by the laws of lows and agree that if any portionis held invalid, the remainder of the waiver will confirm that I am of legal age and am freely signing	(OR LOSS OF PROPERTY) TO ANY PERSON ALL, CROSS COUNTRY, WRESTLING, BASKETBALL, AM OR VOLLEYBALL FOR ANY REASON CHOOL DISTRICT, ITS AGENTS, OR EMPLOYEES.  Its employees, instructors, or agents, from any and all present and openty damage, personal injury, or wrongful death, arising as a result owever the same may occur. I hereby voluntarily waive any and e, heirs, or assigns.  Intent. I unidestand the named activities involve certain risks, nage, and serious highry to virtually all bones, joints, muscles, and understand that the named activities may involve a high risk of knee, including, but activitied to travel to and from the site of the activity, er participants. I am voluntarily participating in the named activities , personal injury, or death.  as a result of my engaging in or receiving instruction in the named	DISCLAIMER: NORWALK SCHOOL DISTRICT IS NOT RESPONSIBLE FO SUFFERED WHILE PLAYING, PRACTICING OR ANY OTHER WAY INVOLT TRACK, TENNIS, GOLF, SOCCER, BASEBALL, SOFTBALL, CHEERLEADI WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF In consideration of my participation, I hereby release and covenant not-to-sue, Norwalk School Instruction of my engaging in or receiving instruction in the above named activities, incidental thereto, where all claims resulting from ordinary negligence, both present and future, that may be made by a Further, I am aware that the above named activities may involve severe cardiovascular stress an including but not limited to, death, serious neck and spinal injuries resulting in complete or partial internal organs and that equipment provided for my protection may be inadequate to prevent seri head, and neck injury. In addition, I understand that participation in the named activities involves participation at sites that may be remote from available medical assistance, and the possible recivity has been applied in the danger involved and hereby agree to accept any and all inherent risks in further agree to indemnify and hold harmless Norwalk School District and others listed for any a activities or any activities incidental thereto, wherever, whenever, or however the same may occur understand that this waiver is intended to be as broad and inclusive as permitted by the laws of continue in full legal force and effect. I further agree that the venue for any legal proceeding shall affirm that I am of legal age and am freely signing this agreement. I have read this form and full
SIGNATURE OF PARTICIPANT (DATE)	(DATE)	SIGNATURE OF PARTICIPANT

(DATE)

SIGNATURE OF PARENT/GUARDIAN