



Sports Participation Forms Packet

This packet contains three forms that must be completed and returned to the coach prior to the student participating in the sport.

1. **SPORTS PARTICIPATION PARENTAL CONSENT FORM**
2. **SPORTS HEALTH INFORMATION PHYSICIAN'S FORM**
3. **STUDENT-ATHLETE POLICY**

Note: If all three of the following forms are not completed and returned to the coach prior to practice, STUDENTS WILL NOT BE ABLE TO PARTICIPATE IN PRACTICES OR GAMES ASSOCIATED WITH ANY BARRACK HEBREW ACADEMY SPORT.



SPORTS PARTICIPATION PARENTAL CONSENT FORM

This form must be properly completed and returned to the coach before the student is permitted to practice or participate on any athletic team.

Student's Name _____ Date of Birth _____ Grade _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Gender M or F Sport(s) _____

Parent Emergency Contact Information

Name of Parent/Guardian # 1 _____

Phone Numbers - Home _____ Work _____ Cell _____

Name of Parent/Guardian # 2 _____

Phone Numbers - Home _____ Work _____ Cell _____

Emergency Contact in the Event a Parent/Guardian Cannot be Reached

Name _____ Relationship to Student _____

Phone Numbers - Home _____ Work _____ Cell _____

Family Medical Information

Physician's Name _____ Phone Number _____

Dentist Name _____ Phone Number _____

Insurance Provider _____ Policy # _____ Group # _____

Guardian/Parental Consent

I give permission for my child to participate fully in the physical education and athletic program at Jack M. Barrack Hebrew Academy. I also give permission to have my child taken to a hospital and treated in case of an emergency.

Parent/Guardian Signature _____ Date _____

Parent/Guardian (Print) _____



SPORTS HEALTH INFORMATION PHYSICIAN'S FORM

This form must be properly completed by a health care provider and returned along with the sports participation consent form to the coach before the student is permitted to practice or participate on any athletic team.

Student's Name _____ DOB _____ Grade _____

Gender M or F Height _____ Weight _____ Pulse _____ B/P _____

1. A complete physical examination was performed within the past 12 months and the student was found to be free of contagious diseases _____ Yes _____ No
2. Does this student have any chronic medical conditions?
3. Please list any allergies to food, medicine, insects, etc.
4. Does the student require an EpiPen for allergic reactions? _____ Yes _____ No
If yes, does student carry an EpiPen? _____ Yes _____ No
5. Please list any prescription medications the student is currently taking on a regular basis.
6. Please list any other medical information about which our coaching staff should be made aware.
7. Are there any physical restrictions for the student athlete? _____ Yes _____ No
8. I have examined the above student on _____ and have medically cleared him/her to participate in all sports and physical activities, both intramural and inter-scholastic, during the school year _____.

Signature of Examining Health Care Provider _____

Stamp of Examining Health Care Provider



STUDENT-ATHLETE POLICY

1. It is the requirement for **ALL** members of **ALL** teams to attend **ALL** practices and games. However, any athlete not able to attend a practice or a game must inform the coach **PRIOR** to that practice or game in person, by phone call, or by email.
2. A player may not have more than 3 unexcused absences from practices and games in a given season in order to remain in the program. Extenuating circumstances can be discussed with the athletic director.
3. It is the student-athlete's responsibility to inform teachers of early dismissals **BEFORE** the early dismissal. It is the responsibility of the student-athlete to make up all work that is missed because of the early dismissal. In the case of poor academic performance, behavior probation or academic probation, the policy set forth in the student handbook will apply.
4. Poor sportsmanship, including trash-talking to opposing players and/or officials, will not be tolerated and the appropriate action will be taken by the coach/athletic director.
5. Use of alcohol, tobacco, illegal drugs, or the misuse of over-the-counter drugs and prescription drugs will not be tolerated. (See Student Handbook for policy.)
6. After an away game, all players are encouraged to return to school on the team bus. However, any player not intending to return to school on the bus, **MUST** submit to the coach in advance, **WRITTEN PERMISSION** from his/her parent allowing him/her to ride in a separate vehicle. Anyone without such written permission **MUST** return to school on the team bus.
 - a. Student-athletes **MAY NOT DRIVE** to games or practices. (See Student Handbook for policy.)
 - b. Any parent who wishes to pick up his/her child at a game needs to arrive at the field by game's end.
7. **Players are responsible for all issued uniforms and equipment. Any student who does not return a laundered uniform or equipment in good condition to the coach within one week after the end of the season, will be billed for the full cost of replacement of the uniform or equipment. TRANSCRIPTS and REPORT CARDS may be withheld.**

We have read, understand and agree to this policy.

STUDENT-ATHLETE NAME (Print) _____

STUDENT-ATHLETE SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____