

School year: ____ / ____

Brunswick Junior High
65 Columbia Avenue
Brunswick, Maine 04011

Athletic Participation
Permission Form

Phone: **319-1930**

Fax: **721-0602**

Student's Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian: _____ Telephone: _____

Address: _____ Town: _____ Zip: _____

To the student and parent:

In an effort to provide the greatest protection for all concerned, the Brunswick School Department requires that those wishing to compete in interscholastic athletics cooperate in the following ways: **First:** parental permission to participate in specific sports is required (Section I, below). **Secondly:** parental signature (also Section I, below) indicates acceptance of medical insurance coverage responsibility. **Lastly:** a statement signed by the student's physician must be on file and dated no later than twelve (12) months prior to participation in any sports season (Section II, below or the physician's own form may be used). It is recommended that those students entering Junior High School and Senior High School provide evidence of having had a physical examination prior to admission. A student athlete will not be required to have their weight or height made public.

Students with religious standards or financial situations, which preclude compliance with the above request, should contact the school office. Thank you.

Section I - Parental Permission and Acknowledgement of Insurance Responsibility:

Please check only one sport per season in which your son/daughter **is planning** to participate. If the athlete changes his/her mind at any time all they need to do is inform the athletic office of the change.

Fall:

- _____ Cross-Country
- _____ Field Hockey
- _____ Soccer
- _____ Other

Winter:

- _____ Basketball
- _____ Cheerleading
- _____ Other

Spring:

- _____ Baseball
- _____ Lacrosse
- _____ Softball
- _____ Track
- _____ Other

My signature indicates permission for my son/daughter to participate in the above sport(s) checked and also acknowledges my responsibility for providing medical insurance coverage throughout the period of participation. Only one completed Athletic Participation Permission form required per school year.

Parent/ Guardian Signature

Work Phone

Date

Section II - Physician's Statement:

From my knowledge of the above student's physical/mental condition, I consider him/her fit to participate in all interscholastic sports except as noted below:

Physician's Signature

Date

The following screening is not required for sports participation; however, we highly recommend that the screening be completed.

Scoliosis Screening: Negative _____ Positive _____ Date _____

This form must be completed and returned to the Athletic Office before participating in try-outs