

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: _____

Email Address _____

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. Only one completed Athletic Participation Permission form required per school year.

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.

Parent/ Guardian Signature

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

DATE OF LAST PHYSICAL

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 a student may participate in tryouts.

Revised June 22, 2015