

**TANTASQUA WARRIOR ATHLETIC CARD**

**Tantasqua Regional School District Clearance for Athletic Team Participation**

I \_\_\_\_\_ accept as a student-athlete the rules and responsibilities that are associated with the privilege of participating in athletics at Tantasqua Regional School District. I have read through the student handbook and athletic handbook and will comply with the policies and protocol set forth by the school, athletic department, and MIAA.

**Student-Athlete Signature:** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sport of Interest:** \_\_\_\_\_

-----**Consent & Release**-----

We the undersigned father and mother or guardian(s) of \_\_\_\_\_ a minor, do hereby consent to his/her participation in voluntary athletic programs of the Tantasqua Regional School District (TRSD). I also agree to release TRSD, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in the voluntary athletic programs of the District from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in TRSD's voluntary athletic program. I also promise, to indemnify, defend, and hold harmless TRSD against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in TRSD's voluntary athletic programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the District's athletic programs with full knowledge that the District and its employees will not be liable to anyone for personal injuries and property damage my child or I may suffer due to participation.

**Parent/Guardian Signature:** \_\_\_\_\_

-----**Student-Athlete and Parent/Guardian Concussion Statement**-----

By signing this form, I am acknowledging my awareness of TRSD Concussion Protocol. I hereby state my willingness to comply with this protocol and to be honest and forthcoming if concussion symptoms are present. I have informed the school of any previous head injuries sustained by myself/my child and have completed the mandatory online concussion training (go to <http://www.tantasqua.org/th/s/>, then NFHS Concussion Course). If I was unable to complete the online training, I read the information provided by the school both online and/or hard copy regarding concussions and concussion management.

**BOTH the Parent/Guardian and Student-Athlete must initial and sign all necessary sections listed below.**

- I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician.
- I have read and understand the Concussion Protocol and have taken the online educational course or reviewed the fact sheet.

After taking the course or reviewing the fact sheet, I am aware of the following (please initial):

- \_\_\_\_\_ A concussion is a brain injury, which I am responsible for reporting to my team physician or athletic trainer.
- \_\_\_\_\_ A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.
- \_\_\_\_\_ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
- \_\_\_\_\_ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.
- \_\_\_\_\_ I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
- \_\_\_\_\_ Following concussion the brain needs time to heal. You are more likely to have a repeat concussion if you return to play before symptoms resolve.

**Has your son/daughter ever sustained a head injury that resulted in a concussion?** \_\_\_\_\_

**If yes please list date(s):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Student-Athlete Signature:** \_\_\_\_\_

-----**FOR ADMINISTRATIVE USE ONLY (Below This Line)**-----

**Physical Examination:** \_\_\_\_\_ **Date of Exam:** \_\_\_\_\_  
(School Nurse Signature)

**Academic Eligibility:** \_\_\_\_\_  
(Director of Athletics Signature)

**Athletic Permission Form on File:** \_\_\_\_\_ (check if turned in and signed)

Students must complete this form and obtain the proper signatures prior to participation in any athletic program. The completed form is to be given to the athletic director before the first practice. If a student-athlete participates in more than one sport during the academic school year, he/she must complete a new Tantasqua Warrior Athletic Card for each season.