

COOPERSTOWN CENTRAL SCHOOL  
ATHLETICS DEPARTMENT/HEALTH SERVICES  
SPORTS PARTICIPATION FORM

This form must be completed by the parent and returned to the school nurse before each sports season.  
Time Frame: Complete and return at least 3 days before the first practice or tryouts, but no sooner than 3 weeks before then. Dates vary for different sports and levels of play.

Name \_\_\_\_\_ Sport \_\_\_\_\_ Starting \_\_\_\_\_  
Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Level : var JV mod 7-8

PART 1 – STUDENT MEDICAL UPDATE – Must be completed and signed by a parent/legal guardian.  
Circle yes or no as appropriate and describe all medical conditions and treatment.

- |   |     |    |
|---|-----|----|
| 1. Any injuries within the past 6 months requiring medical attention? | yes | no |
| 2. Any currhent health concerns?                                      | yes | no |
| 3. Currently taking prescriptions or under a doctor’s care?           | yes | no |
| 4. Any activity restrictions within the past 6 months?                | yes | no |
| 5. Any fainting or dizziness after exertion?                          | yes | no |
| 6. Any recent fractures or operations?                                | yes | no |
| 7. Any allergies, asthma, or other chronic illnesses?                 | yes | no |

If the answer to any of the above is “yes,” explain below.

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\_\_\_\_\_ date  
parent/legal guardian signature

PART 2 – PARENT/STUDENT ACKNOWLEDGEMENT OF RISK

Participants in athletic activities could sustain injuries or loss of life. Although supervision and safety practives limit the possibility, risk of injury is inherent in sports practice and competition. I recognize and accept this risk. I also understand that school insurance provides only partial coverage for school and sports injuries. Bills are first submitted tofamily insurance, then school insurance, and parents are responsible for any remaining costs. There is no coverage for illness, or for damage to or loss of glasses or contact lenses.

\_\_\_\_\_ date student signature \_\_\_\_\_ date  
parent/legal guardian signature

PART 3 – PARENT PERMISSION

- A. I do hereby grantt permission for my child \_\_\_\_\_ to participate in \_\_\_\_\_.
- B. In case my child is injured or ill, I do hereby consent to whatever X-ray, anesthesia, medical or surgical procedures considered necessary by the medical staff of the facility furnishing medical care for my child. I also understand that all reasonable efforts will be made to contact me.

\_\_\_\_\_  
parent/legal guardian signature

\_\_\_\_\_  
date

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- C. ( ) Check here if student wears contact lenses.
  - D. Family Insurance Company \_\_\_\_\_
  - E. Student Physician \_\_\_\_\_
  - F. My child may see the school Athletic Trainer when appropriate.   yes   no
  - G. EMERGENCY INFORMATION

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Parent/Legal Guardian Names: \_\_\_\_\_

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Address(es): \_\_\_\_\_  
Home Phone(s): \_\_\_\_\_  
Work Phone(s): \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_