

Coyle and Cassidy High School
Permission to Participate

I, the undersigned parent (s) or guardian (s) of _____
grade _____ do hereby consent to his/her participation in _____
A voluntary athletic program. I also certify that this student – athlete has within the last
13 months, been judged physically fit to participate in the above named sport by a
licensed physician and I am aware of the rules and policies of Coyle and Cassidy High
School as outlined in the school handbook.

Massachusetts law requires that parents and students, as well as coaches, athletic trainers,
band directors, physicians, nurses and athletic directors participate in a training program
that facilitates their awareness of the serious nature of head injuries and concussions.
Therefore, as a condition of the student-athletes participation in athletics, I the parent (s)
or guardian (s) and I the student –athlete hereby certify that I have taken the training
program designated by the school. The training program is “Concussion in Sports : What
You Need To Know.” This program may be assessed at : WWW.
NFHSLEARN.com/electiveDetail.aspx?courseID=1500. This program fulfills the
requirement of the law.

Additionally, any student-athlete who has sustained a head injury previous to completion
of this permission form must disclose and give information about that injury.

_____ Check here if the student has sustained such injury and describe the injury in the
space provided. Please include the date (s) of said injury.

I furthermore agree to hold Coyle and Cassidy High School and its agents blameless for
all injuries or illnesses to the above named student- athlete arising during his/her
participation in such voluntary athletic activity.

I grant to Coyle and Cassidy High School and its agents permission to seek emergency
medical attention for this student-athlete if, in their judgment, such attention is warranted
and I am not immediately available to grant such permission.

(Parent’s/Guardian’s Signature)

(Student’s Signature)

(Date)

Parent/ Guardian and Student must sign above.

This form may not be altered or forged. Signatures are authenticated. A falsified
signature may result in denying student-athlete participation in their sport.

OVER

Student's Last Name *First Name* *Middle Initial*

Home Address *Zip Code*

Home Telephone No. *Mo.* *Day* *Year* *Grade* *Homeroom*
A copy of birth certificate may be required

IN CASE OF EMERGENCY CALL

Name *Work/Cellphone No.* *Relationship*

Name *Work/Cellphone No.* *Relationship*

Family Health Insurance Plan *Policy No.*

Do you wish to subscribe to Student Accident Insurance YES NO