

ASHFORD SCHOOL
ATHLETIC TEAM PERMISSION FORM

We are happy to offer your child the opportunity to participate in interscholastic athletics. Being a part of a school team increases self-esteem and promotes a sense of community.

Participating in any athletic activity has the potential for injury. Precautions are taken to prevent accidents during practices and games. Our coaches all have current American Heart CPR/First Aid training. If medical or dental care is needed due to an injury sustained during a practice or a game, your child is covered by Ashford's supplemental accidental insurance, which covers any costs beyond your family medical insurance. In the event you do not have medical coverage, the supplemental accidental insurance will cover your child's medical costs. If serious illness or injury occurs, the student's parents/guardians will be contacted as soon as possible.

In addition, please go to the Ashford School athletics page and review information concerning concussions, as well as risks regarding interscholastic sports during COVID 19.

To participate in Ashford interscholastic athletics, we must have the signed permission slip below as well as the correct medical form. (Also listed on the Ashford School athletics page).

_____ I have reviewed and understand the Student and Parent Concussion information and watched the video and understand the severities associated with concussion.

_____ I have read and understand the risks of interscholastic sports during COVID 19.

I hereby give permission for my child to participate in practice and games. I understand that my child is responsible for all uniforms or equipment issued and will return all loaned uniforms or equipment or pay the replacement costs.

Student Name: _____ Sport _____

_____ My child is fully vaccinated for COVID 19. Please attach a copy of the vaccination card.

_____ My child is not vaccinated for COVID 19

(This information will only be used in the event of an exposure to sars-cov-2. Vaccinated players will continue to play. Unvaccinated players will need to quarantine from school and sports for 5 days per the CDC and the CT Department of Public Health)

Parent Guardian Contact Information:

Name: _____ Cell Phone _____

Emergency Contact:

Name _____ Relationship _____

Cell # _____ Additional Number _____

Parent/Guardian

Signature: _____