WORCESTER PUBLIC SCHOOLS
ATHLETIC DEPARTMENT
PERMISSION FORM

Participation in athletics is inherently dangerous. Even when all reasonable precautions are taken, students can be, and indeed, may be injured. All students participate in athletics voluntarily with the permission of their parents or guardians and will follow all rules pertaining to students and athletics set by the Massachusetts Interscholastic Athletic Association (MIAA) and the Worcester Public Schools Policy handbook.

Worcester Public Schools student athletes and their parents/guardians:

• Understand that they may be photographed or videotaped by the media during games and/or practices
• Accept the inherent risks associated with participation in athletics
• Accept the inherent risks associated with transportation to and from games and practices
• Have read the Fact Sheet for Parents and Fact Sheet for Athletes regarding concussion (attached)

• Understand and acknowledge that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and is extremely contagious. As a result, federal, state, and local governments and federal and state health agencies recommend social distances and have, in many locations, prohibited the congregation of groups of people.

• Understand and acknowledge that the Worcester Public Schools Athletic Department has put in place preventative measures to reduce the spread of COVID-19 and has used good faith efforts to meet the recommendations of the Centers for Disease Control ("CDC") and the Commonwealth of Massachusetts Department of Health whose recommendations were based upon scientific data regarding COVID-19.

• Understand and acknowledge that the Worcester Public Schools Athletic Department cannot guarantee that students will not become infected with COVID-19. By signing his agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

• Understand that the risk of becoming exposed to or infected by COVID-19 at the Worcester Public Schools Athletic Department facilities may result from the actions, omissions, or negligence of myself and others.

• Agree to abide by all social distancing guidelines, Worcester Public Schools Athletic Department rules, regulations and protocols and understand that the Worcester Public Schools Athletic Department may revise its rules, regulations and protocols at any time based upon updated recommended guidance and protocols issued by the CDC and/or the Commonwealth of Massachusetts and further agree to comply with the Worcester Public Schools Athletic Department's revised procedures prior to utilizing the facilities, services and programs of the Worcester Public Schools Athletic Department.

HISTORY OF HEAD INJURY
Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____ No _____
If yes, when? Dates (month/year): ________________

Has student ever received medical attention for a head injury? Yes _____ No _____
   o If yes, when? Dates (month/year): ________________
   o If yes, please describe the circumstances: ____________________________________________________________

Was student diagnosed with a concussion? Yes _____ No _____
   o If yes, when? Dates (month/year): ________________
Duration of symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion: 

Student Name: ___________________________ Date of Birth: ___________________________

School: ___________________________ Sport: ___________________________

Address: __________________________________________________________________________

City: ______________ State: _______ Zip: _________ Home Phone: __________________________________________________________________________

Parent/Guardian: 
Name: __________________________________________________________________________

(Please print) Signature Date

Student Athlete: __________________________________________________________________________

Signature Date

School Nurse: __________________________________________________________________________

Signature Date

Emergency Contact
Name: __________________________________________________________________________

Relationship to student: __________________________________________________________________________

Home Phone: ______________ Work Phone: ______________ Cell: __________________________________________________________________________

The Worcester Public Schools is an Equal Opportunity/Affirmative Action Employer/Educational Institution and does not discriminate regardless of race, color, gender, age, religion, national origin, gender identity, marital status, sexual orientation, disability or homelessness. The Worcester Public Schools provides equal access to employment and the full range of general, occupational and vocational education programs. For more information relating to Equal Opportunity/Affirmative Action contact the Human Resource Manager, 20 Irving Street, Worcester, MA 01605, 508-799-3020.

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Por favor, contate a secretaria central da escola caso deseje que este documento seja traduzido para o português.
Ju lutem telefononi zyren qendrro te shkolles ne se deshironi ta kini kete dokument te perkthyer ne nje gjuhe tjeter pereve Anglishtes
Xin gọi điện thoại cho văn phòng nhà trường nếu quý vị muốn tài liệu này được dịch ra một ngôn ngữ khác hơn tiếng Anh

Revised 1/25/2016