

West Hartford Public Schools Athletic Department

Student-Athlete Registration Form

Return form to the athletic office with your \$110 pay to play fee (checks made out to Hall H.S.).

*Please **PRINT**. Form must be filled out completely. **Return three copies of this form.***

GENERAL INFORMATION

Student-Athlete Name _____ Sport _____ Grade _____

Date of Birth _____ Home Address _____

Parent/Guardian Name _____ Home Phone _____ Work Phone _____

Doctor and Phone # _____ Dentist and Phone # _____

Hospital Preference _____

In case of an emergency and a parent cannot be reached, please call:

Name _____ Phone _____

Name _____ Phone _____

HEALTH HISTORY INFORMATION

Condition	Answer (circle)	
1. Hospitalization over night	NO	YES
2. Use daily medications	NO	YES
3. Fainting or blackouts	NO	YES
4. Seizures	NO	YES
5. Concussion in past 4 years	NO	YES
6. Allergies to medications, food or bees	NO	YES
7. Heart problems, elevated blood pressure	NO	YES
8. Asthma or wheezing (indicate if you use an inhaler.)	NO	YES
9. Chest pain	NO	YES

Condition	Answer (circle)	
10. Problems running ½ mile	NO	YES
11. Only one kidney or testicle	NO	YES
12. Wear glasses or contacts	NO	YES
13. Excessive bleeding problem	NO	YES
14. Recent case of “mono”	NO	YES
15. Diabetes	NO	YES
16. Had broken bone or dislocation	NO	YES
17. Muscle or joint injury	NO	YES
18. Neck or back injury	NO	YES
19. Chronic illness not already noted	NO	YES
20. Family history of sudden unexplained death	NO	YES

Comments: _____

STATEMENT OF PERMISSION

I have read, understand, and agree to the athletic department policies as stated in the Student-Athlete Handbook. I understand that such activity involves the potential for injury. I understand student-athletes must travel to and from contests on the team bus, accompanied by the coach. I give my permission for a school doctor to give a pre-participation physical if not administered by a private physician. I give my permission to the appropriate certified school staff or medical personnel to render emergency treatment, if required, when associated with athletic injury or illness.

CONSENT FOR ATHLETIC CONDITIONING, TRAINING, AND HEALTHCARE PROCEDURES

I hereby give consent for my child to participate in the school's athletic conditioning and training program and to receive any necessary healthcare treatment, including first aid, diagnostic procedures, and medical treatment, that may be provided by treating physicians, nurses, and other healthcare providers including HealthSouth Athletic Trainers, and HealthSouth facilities. I recognize the treatment team associated with athletics is varied and extends beyond the medical staff to the coaching staff, athletic director, the individual athlete themselves, and guardian. HealthSouth has my permission to release injury information about my child to the school and treatment team. In the event I cannot be reached in an emergency, I hereby give permission for my child to be transported to receive necessary treatment. I understand that HealthSouth does research in the prevention of athletic injuries and uses generalized information that does not identify the individual student. HealthSouth may use this generalized information that does not identify my child in such research.

Parent/Guardian Signature: _____

Date: _____

Student-Athlete Signature: _____

Date: _____