

MONTACHUSETT REGIONAL VOCATIONAL TECHNICAL SCHOOL

INTERSCHOLASTIC ATHLETICS

CLEARANCE FOR PRACTICE

Sport(s) _____
Date _____
Y.O.G. _____ H.R. _____

Student Name _____

Candidates for any interscholastic athletic team must present this completed card to his/her coach before they will be allowed to practice/play.

Date of phys: _____

2. Parents permission form complete and on file in the Athletic Office.

Fall ☐ Date _____ Winter ☐ Date _____ Spring ☐ Date _____

3. Athletic Eligibility Certification

Fall ☐ Date _____ Winter ☐ Date _____ Spring ☐ Date _____

A. Grades

B. Equipment

Notes

ATHLETIC EMERGENCY INFORMATION

Grade _____ Student # _____ H.R. _____ Insurance plan _____

Student _____ D.O.B. _____ Insurance# _____

Last First M.I.

Address _____ Tel. # _____

(Street) (City/Town)

Mother's Name _____ Place of Employment _____ Tel. # _____

Father's Name _____ Place of Employment _____ Tel. # _____

Name of Family Physician _____ Tel. # _____

List two (2) people who will be able to assume care and transport your child home in case of illness.

1) _____ Tel. # _____

Name

2) _____ Tel. # _____

Name

In case of accident or serious injury and I cannot be reached I hereby authorize the school coach to arrange transportation to the nearest hospital and to be treated by the hospital physician on duty.

Signature of parent/Guardian _____ Date _____

Any additional comments: