

VERNON CENTER MIDDLE SCHOOL

777 HARTFORD TURNPIKE VERNON, CONNECTICUT 06066-5100 TELEPHONE (860) 870-6070 FAX (860) 870-6318

JAMES R. HARRISON
Principal

ALISON JEDIDIAN
Assistant Principal

MICHAEL GELADA
Assistant Principal

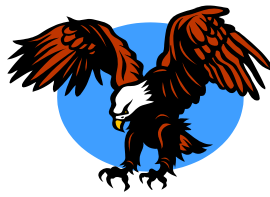
2016-2017 School Year

The purpose of this packet is:

To provide the potential student-athlete and his/her family with the forms and information necessary for the student to become eligible to try out for a sports team at Vernon Center Middle School;

- All athletes must turn in (to their coach) a completed permission form (attached) prior to trying out for a team.
- All athletes must have on file in the school Nurses' Office the SPORTS PHYSICAL FORM (attached) filled out and signed by a physician prior to trying out for a team **(the form is still valid if the students have had a physical in the last 13 months)**. The state mandated 6th grade physical or physician's note will also be accepted.
- **IMPORTANT:** The Vernon Board of Education Sports Accident Insurance Plan is an "Excess" Type benefit. The policy does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the individual.
- Every medical procedure is not necessarily covered under the Sports Accident Plan.
- While we have attempted to provide you with the information necessary for participation in interscholastic athletics at Vernon Center Middle School, we realize some questions may arise. Please feel free to contact the athletic office at the school at 860-870-6050 ext. 327. We will be glad to assist you.

Greg Augustyn
VCMS Athletic Director



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SPORTS PERMISSION FORM

I hereby give my permission for _____ to participate in the sport of _____
(print full name of student)
_____ for the 2016-2017 school year.

I realize that such activity involves the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in disability, paralysis or even death.

To the best of my knowledge, my child is physically able to participate in this sport.

In case of injury, I hereby give authority to the advisor in charge to grant permission to a physician to examine and treat, if necessary, any injury sustained while participating in this activity.

Information: Present Grade _____ Date of Birth _____

Signed _____
(parent/guardian)

Date _____

EMERGENCY INFORMATION ON OTHER SIDE

VERNON CENTER MIDDLE SCHOOL ATHLETIC EMERGENCY INFORMATION CARD

Athlete's Name _____ **Sport** _____
Please Print Last First Middle

Date of Birth _____ **Grade** _____

Home Address _____ **Telephone** _____

Father _____ Mother _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Telephone _____ Home Telephone _____

Business Telephone _____ Business Telephone _____

In the event parents cannot be reached, call Name _____ Phone _____

Name _____ Phone _____

Family Doctor _____ Telephone _____

Orthopedist _____ Telephone _____

Dentist _____ Telephone _____

Primary Medical Insurance company or Plan: _____

Policyholder _____ Policy No. _____ Hospital Preference _____

Allergies To _____

Please answer

Yes or No Epileptic _____ Diabetic _____ Asthmatic _____ Cardiac Problems _____

Contact Lenses _____ Medications _____

Please list all previous serious illnesses, injuries (include previous back or extremity strains, sprains, fractures), hospital confinements, and surgeries within the past 5 years.

You have my permission to take whatever action is deemed necessary for the health & welfare of my child.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____