

**CAMBRIDGE PUBLIC SCHOOLS
CAMBRIDGE RINDGE AND LATIN SCHOOL ATHLETICS
PARENTAL PERMISSION FORM**

I understand that as a participant in Cambridge Rindge and Latin School Athletics my child will be engaged in physical and athletic activities, including participation in athletic practices and games. I also understand that my child will be required to travel to and from practices and games as part of his/her participation in Cambridge Rindge and Latin School Athletics. I further understand that while the Cambridge Public Schools provides transportation to games and scrimmages that my child will be responsible for traveling by himself or herself to and from athletic practices. I also understand and agree that my child is responsible for undertaking travel to and from athletic practices, games and scrimmages in a safe and responsible manner.

I understand that although the Cambridge Public Schools will take precautions for the safety of students participating in Cambridge Rindge and Latin School Athletics that injury is possible as a result of participation in physical and athletic activities. I also understand that such injuries may include permanent disability, injury or death. I understand that the Cambridge Public Schools will not accept responsibility for any injuries sustained. I also understand that in the event an injury occurs, it is important to follow the advice from health care professionals with respect to correct healing of the injury and the advice of the athletic trainers and coaches with respect to reconditioning so that my child may safely return to participation and Cambridge Rindge and Latin Athletics. I also understand that to help defray unusual expenses due to injury, Cambridge Rindge and Latin School has an insurance policy set up to pay only those costs above those paid for by Blue Cross and Blue Shield or any other insurance policy purchased by the student's parents/guardians.

I also understand that in order to be eligible to participate in interscholastic athletic activities, my child must pass a sports physical exam, have the permission of their/guardian, and maintain satisfactory scholarship and citizenship according to state eligibility rules. I also understand that one physical examination after June 1st covers all sports for the upcoming school year.

I also understand that if my child is issued protective equipment he/she must wear the protective equipment at all times during active participation in practices and games. The protective equipment may not be altered/modified in any way by the athlete. I further understand that issued protective equipment is the property of Cambridge Rindge and Latin School and must be returned at the end of playing season. I acknowledge and agree to pay the cost of replacing any equipment that is not returned at the end of the season, is lost or is damaged.

I also understand that Cambridge Rindge and Latin enforces the MIAA Chemical Health Rule which provides that during the school year a student shall not, regardless of quantity, use, consume possess, buy, sell or give away any of the following: beverages containing alcohol, any tobacco product, marijuana, steroids or any controlled substance. I understand that it is not a violation of the MIAA Chemical Health Rule for a student athlete to be in possession of a legal drug that has been specifically prescribed for the student-athlete's use by his/her own doctor.

I acknowledge and agree that my child may assume the risk associated with participating in Cambridge Rindge and Latin School Athletics and the various activities that will be conducted as part of this program. I further acknowledge and agree that my child, _____, has permission to participate in athletic competition for the following season/year, I understand that my child will be obliged to abide by the conditions covering participation in interscholastic athletic activities at Cambridge Rindge and Latin School, the School Based Rules, the CRLS Athletic Department Rules, Regulation, Policies and Codes of Conduct of the *Cambridge Public School Rights and Responsibilities Handbook* while participating in Cambridge Rindge and Latin School Athletics, as well as any rules of conduct promulgated by the organizers of the program. **Name of Sport or Sports** _____.

(over)

I further understand and agree that Cambridge Rindge and Latin School expressly prohibits hazing and that any individual found to be a principle organizer or participant in any conduct or method of initiation into any organization which willfully or recklessly endangers the physical or mental health of any student or other person will not only lose all interscholastic participation privileges but also will be prosecuted to the full extent of the law.

I also understand that the Cambridge Public Schools will not be responsible for expenses incurred if my child is sent home earlier than the scheduled return date due to any behavior that is unacceptable and/or compromises the health, safety or well-being of other individuals participating in Cambridge Rindge and Latin School Athletics.

In the event of illness or injury to my child while participating in Cambridge Rindge and Latin School Athletics, I expressly consent to the administration of the Cambridge Public Schools and their authorized agents seeking, obtaining and authorizing the administration of medical treatment for my child and, if necessary, having my child transported to a medical facility for medical treatment. I understand and acknowledge that I will bear the cost and expense of any medical treatment my child may receive.

By signing this Parental Permission Form and granting permission as stated herein, I am releasing both the Cambridge Public Schools and the Cambridge Rindge and Latin School Athletics and their respective officers, directors, agents and/or employees from and against all claims, loss and liability arising out of my son/daughter's participation in the Cambridge Rindge and Latin School Athletics for the school year 2009-2010. I have read this Parental Permission Form and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Student Name _____ *Address* _____

Date of Birth _____ *Grade* _____ *Learning Community* _____

School enrolled last year _____

**Parent/Guardian Signature* _____

_____ *Date* _____ *Home Phone Number* _____
Parent/Guardian Email Address

EMERGENCY CONTACT INFORMATION

Contact Person I: _____ *Relationship:* _____

Phone Numbers: _____ *and* _____

Contact Person II: _____ *Relationship:* _____

Phone Numbers: _____ *and* _____

Family Physician: _____ *Phone Number:* _____

Insurance Company: _____ *Policy Number:* _____

For additional information and athletic forms please log onto our website: www:CPSD.us/crls/athletics

Maryann C. Cappello
Program Leader for Athletics/Athletic Office
CRLS
459 Broadway
Cambridge, Mass. 02138

Please return to the Athletic Office by March 8, 2010

(Revised 1/12/10)