

**FRAMINGHAM HIGH SCHOOL ATHLETIC REGISTRATION & PERMISSION FORM
(CONFIDENTIAL)**

Student's Name: _____ **Year of Graduation:** _____ **Date of Birth:** _____

Physician: _____ **Phone:** _____ **Physical Date:** _____

Has your child been diagnosed with or experienced any of the following? Explain "Yes" answers below.

	Yes	No		Yes	No		Yes	No
(1) Allergy (please circle) – Food; Insect; Other?			(8) Rapid or skipped heartbeat			(15) Head injury/ concussion When? Duration of symptoms? Loss of consciousness? Explain.		
(2) Asthma			(9) Fainting or dizziness with exercise			(16) Headaches? Type? Frequency?		
(3) Shortness of Breath			(10) Family history of cardiac disease or sudden death before age 50? Explain.			(17) Missing or diseased paired organ		
(4) Heart Disease			(11) Has a physician ever restricted your participation in sports for any heart problems?			(18) Diabetes		
(5) Chest Pain with exercise			(12) ADHD			(19) Seizures		
(6) High blood pressure			(13) Learning disabilities			(20) Medications? Prescription? Over the counter?		
(7) High Cholesterol			(14) Depression/mood disorders			(21) Other?		

Explain "Yes" answers here: _____

Please check below ALL sports your child may participate during this school year.

- Fall Sports:** Boys () Cross Country () Football () Golf () Soccer
 Girls () Cross Country () Field Hockey () Soccer () Swimming & Diving () Volleyball () Cheer () Dance
- Winter:** Boys () Basketball () Ice Hockey () Swimming () Indoor Track () Wrestling
 Girls () Basketball () Gymnastics () Ice Hockey () Indoor Track
- Spring:** Boys () Baseball () Lacrosse () Tennis () Outdoor Track () Volleyball
 Girls () Lacrosse () Softball () Tennis () Outdoor Track

I give my permission for my son/daughter _____ to participate in interscholastic sports at Framingham High School. My son/daughter and I have read and understand the school athletic regulations and handbook, including the MIAA and FHS chemical health policies, as outlined in the handbook. I understand that all rules set forth will be enforced. I release and discharge the Town of Framingham, its officers and employees, from any claims, direct or indirect, arising out of any personal injuries or property damage that I or my child may acquire from participating in any athletic program of Framingham High School.

In case of accident, I give my permission to have my son/daughter treated for any medical emergency that might arise in the event I cannot be contacted; or in extreme emergency where immediate treatment is necessary. I/We accept full responsibility for all costs for any such emergency treatment.

By signing below I certify that parent and student have completed the educational requirements per MIAA and Framingham Public School's concussion management protocol.

Parent/Guardian Signature/Date: _____ **Phone: (H)** _____ **(W)** _____ **(C)** _____

Student Signature/Date: _____ **Address:** _____ **Email:** _____

The Framingham High School community is proud of the student-athletes who represent it and subsequently publicly recognizes them whenever possible. Often times this public recognition includes photographs of the student-athletes in and/or out of competition; such images could be used in the production of newsletters, articles, and/or the Framingham High School athletic website. If you do not wish to have your son or daughter's image used in any Athletic Department publications, please contact the athletic office in writing.

(THIS IS A TRIPLICATE FORM. PLEASE BEAR DOWN FIRMLY WHEN COMPLETING.)