

Naples Youth Athletics – Participation Form

Athlete and Emergency Contact Information

Grade (Circle): 1-2 3-4 5-6 Gender (circle): Boys / Girls Sport _____
 Coach: _____ League or Sponsor _____
 Athlete's Name _____ Athlete's Date of Birth _____ Grade _____
 Athlete's Address _____
 Mother / Guardian _____ Phones: Home _____ Work _____ Cell _____
 Father / Guardian _____ Phones: Home _____ Work _____ Cell _____
 Primary Email Address to Which You Would like Information Sent: _____
 Emergency Contact: _____ Phones: Home _____ Work _____ Cell _____
 Family Physician: _____ Phones: Home _____ Work _____ Cell _____
 Primary Insurance Company: _____ Primary Insurance Policy Number _____
 Secondary Insurance Company: _____ Secondary Insurance Policy Number _____

Game Ride Authorizations

In the event there are games / scrimmages associated with the above activity, parents are responsible for providing transportation to such contests.

Health Information

HISTORY SINCE LAST MEDICAL EXAM			
	ITEM	YES	NO
1.	Any injuries requiring medical attention?		
2.	Any illness lasting more than 5 days?		
3.	Taking any medicine or under physician's care at this time?		
4.	Any feeling of faintness, dizziness or fatigue after exertion?		
5.	Wears glasses, contact lenses, or braces on teeth?		
6.	A surgical operation or fracture?		
7.	Treated in a hospital or emergency room?		
8.	Any reason this person cannot participate in any sport?		
9.	Any known allergies (including anesthesia) or chronic diseases?		
10.	Received a blow to the head or concussion?		

If 'yes' was the response to any of the above questions, or if there is any information you would like a doctor to know of in the event of an emergency, please explain below (Note: "Yes" answers to the above questions do not automatically disqualify an athlete from competition):

Participation and Emergency Release Consent

No amount of instruction or supervision will totally eliminate all risk of injury as athletic participation in any sport is inherently dangerous. Therefore, athletes and parents must assess the risks involved in participation. Each makes his/her choice to participate in spite of the risks. The obligation of parents and students in making this choice cannot be overstated. In granting permission for your child to participate in athletic competition, you, the parent/guardian, acknowledge and assume such risks. Severe head or neck injury, including paralysis or death may occur despite the employment of proper precautions. I, parent/guardian of the above student, hereby give my consent for him/her to participate in the above activity and agree to hold harmless all coaches, volunteers, directors, and organizers as well as the Naples Central School District and the Town of Naples. I am aware that the participation in this athletic activity is voluntary and that my son / daughter must adhere to program rules. I also hereby give approval to have my son/daughter treated in an emergency room of any hospital for an injury sustained while participating in this activity should the coach / hospital be unable to reach me at my above contact phone numbers.

Athlete's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____