

**ASHFORD SCHOOL  
ATHLETIC TEAM PERMISSION FORM**

We are happy to offer your child the opportunity to participate in interscholastic athletics, an important part of our physical education program at Ashford School. Being a part of a school team increases a child's self-esteem and promotes a sense of community.

Participation in an athletic team is elective and can take place only with your written permission and appropriate medical clearance. Participating students must also maintain an appropriate level of academic performance and behavior.

Parents must realize that any athletic activity has the potential for injury. Precautions are taken to prevent accidents during practices and games. When injuries do occur, provisions are made for the administration of appropriate first-aid. If medical or dental care is needed due to an injury sustained during a practice or a game, your child is covered by Ashford's supplemental accidental insurance, which covers any costs beyond your family medical insurance. In the event you do not have medical insurance coverage, the supplemental accidental insurance will cover your child's medical costs.

If serious illness or injury occurs, the student's parents will be contacted as soon as possible. It is for this reason that we must have your address, phone numbers and emergency contact information.

Your child will be ineligible to participate without both a signed permission slip and medical form. If you have questions, please contact Ashford School at 860-429-6419. Please complete the information below and return it to the school.

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I hereby give permission for my child, whose name appears below, to participate in practice and games in the sport designated. I understand that my child is responsible for all uniforms or equipment issued and will return all loaned uniforms or equipment or pay the replacement costs.

Student Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Parent/Guardian Contact Information:**

Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_