



TRINITY HIGH SCHOOL

581 BRIDGE STREET * MANCHESTER, NEW HAMPSHIRE 03104-5395
TEL. (603) 668-2910 * FAX (603) 668-2913 * WWW.TRINITY-HS.ORG

Permission to Participate in Athletics School Year 2021-2022

Name: _____ Date: _____

Date of Birth: _____ Grade/Year of Graduation: _____ Sex: _____

Please allow my son/daughter named above to participate in:

List names of ALL sports playing during year

I warrant and represent that my child is physically fit and capable of taking part in these activities. I make this warranty and representation on the basis of advice given to me by a duly licensed physician, and I know of no change in my child's medical condition since receiving such advice, that would affect the opinion of said physician.

I/ we give permission for a licensed medical authority (EMT, RN, LPN) to administer first aid or for a doctor selected by Trinity High School to hospitalize, secure proper medical treatment for, and to order medicine, injections, anesthesia, surgery or x-rays for my/our child following an athletic injury. Every attempt possible will be made to contact you prior to any decisions. I also give permission for the school's Athletic Trainer to provide first-aid on my injured child if necessary. I agree to have my child transported via ambulance and/ or treated for emergency medical or dental problems if an emergency arises. I accept full responsibility for all medical expenses incurred as a result of my child's participation in this program. I agree to be financially responsible for the safe return of ALL athletic and medical equipment that may be issued during the season.

On the line below, I have listed any medical conditions, physical disability, allergy to medicine, etc. which is relevant to rendering medical care to my child if s/he needs emergency medical care:

I understand that the school may provide transportation to and from the school premises to other locations for practice and away contests, but sometimes the athletes may be asked to meet at the practice or competition site:

Parent/ Guardian

Date