

**BISHOP FEEHAN HIGH SCHOOL ATHLETICS  
PERMISSION TO PARTICIPATE**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ SPORT (S) \_\_\_\_\_

I, the Parent/Guardian of \_\_\_\_\_ hereby grant my permission for this child to participate in \_\_\_\_\_ . I also certify that this child has, within one year, been judged physically fit to participate in the above-named sport by a licensed physician and that I am aware of the rules and policies of Bishop Feehan High School Athletics as outlined in the school handbook.

Massachusetts law requires that parents and students, as well as coaches and trainers, participate in a training program that facilitates their awareness of the serious nature of head injuries and concussions. Therefore, as a condition of the student's participation in athletics, I the parent and I the student hereby certify that I have taken the training program designated by the school. The training program is "*Concussion in Sports: What You Need To Know*". This program may be accessed at: [www.nfhslearn.com/electiveDetail.aspx?courseID=15000](http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000) This program fulfills the requirements of the law.

Additionally, any student who has sustained a head injury previous to the completion of this permission form must disclose and give information about that injury.

Check here if the student has sustained such injury and describe the injury in the space provided.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I furthermore agree to hold Bishop Feehan and its agents blameless for all injuries or illnesses to the above-named child arising during his/her participation in such athletic activity.

I grant to Bishop Feehan High School and its agents my permission to seek emergency medical attention for this child if, in their judgment, such attention is warranted and I am not immediately available to grant such permission.

\_\_\_\_\_  
(Parent's/Guardian's Signature)                      (Student's Signature)                      (Date)

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**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Private Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

**N.B.** Only those students who subscribed to the optional accident insurance, offered by the school, are covered by this supplementary insurance. Other students should be self-insured under the private health insurance plans of their parents.