



**ST. JOHNSBURY ACADEMY  
ATHLETIC DEPARTMENT**

1000 Main Street, St. Johnsbury, Vermont 05819  
(802) 748-8171  
stjacademy.org

**PARENTAL PERMISSION/MEDICAL RELEASE**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Sports: \_\_\_\_\_ Phone: \_\_\_\_\_

I/we hereby authorize the St. Johnsbury Academy athletic department, coaches, and administrators to provide preventative, acute, or rehabilitative treatment for my child, and further agree not to hold the school, or anyone acting on its behalf, responsible for any injury, treatment, or method of care occurring while the above named student is participating in athletics or associated travel.

I/we also authorize my child to receive, through a medical doctor of the school's choice, emergency medical care, which may become necessary in the course of athletic activities or travel.

- In the event of an emergency, I expect every reasonable attempt to be made to contact me.
- I consent to have my son/daughter represent his/her school in approved athletic activities except those activities excluded by his/her physician.
- I grant permission for my son/daughter to accompany any school team of which he/she is a member to out-of-town trips. The athlete will be transported to and from all events in school-approved vehicles.

The athletic trainers are not allowed to dispense aspirin, Advil, Tylenol, etc., to any individual. However, if an athlete has an inhaler or other medication prescribed by their family physician, the athletic trainer will keep the medication in a safe and readily available area if requested to do so.

PARENT NAME (Please print): \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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**ATHLETE EMERGENCY INFORMATION**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of parent/legal guardian: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Has your child ever had:

	Yes	No		Yes	No
High Blood Pressure			Nosebleeds or Uncontrollable Bleeding		
Cardiac Arrest			Unexplained Loss of Consciousness		
Respiratory Arrest			One paired organ		
Asthma/Shortness of Breath			Glasses or contacts		
Epilepsy			Blood Clots		
Kidney/Liver Problems			Concussions		
Diabetes			Major Surgery		
Allergies			Medications		
Broken Bones			Other		

Please explain any "yes" responses in detail (please provide dates and supporting documentation where appropriate): \_\_\_\_\_

\_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Provider Phone: \_\_\_\_\_ Provider Address: \_\_\_\_\_

I verify as insurance holder of the aforementioned policy that the information provided is accurate and will notify St. Johnsbury Academy of any changes made to my health insurance policy.

Signature of Policy Holder: \_\_\_\_\_



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**PHYSICAL EXAMINATION**

Any student who has not had a physical within the last year must have this form completed and submitted to the nurse's office before the start of the sport season. A student athlete may not practice without an up-to-date physical. New students with up-to-date physicals may provide copies of their current physicals attached to this form. Please fax to: 802-748-7798.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of parent/legal guardian: \_\_\_\_\_

Sport: \_\_\_\_\_

**PHYSICIAN'S STATEMENT**

I certify that I have on this date examined the student listed above and that, on the basis of this examination and the student's medical history as furnished to me, I have found no reason to render supervised athletic activity medically inadvisable for this student.

Please list any limitation of which St. Johnsbury Academy should be aware:

\_\_\_\_\_  
\_\_\_\_\_

Name of Attending Physician: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_



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**ATHLETIC COMMITMENT**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Sports: \_\_\_\_\_ Phone: \_\_\_\_\_

At St. Johnsbury Academy, students may choose to participate in a wide selection of sports. Participation requires the student and family to commit to the team for the entire season. “Your attendance at all practices and games is required unless you are properly excused.” (Student Handbook, page 31) Practices and scheduled events run Monday through Saturday and include school breaks, vacations, and, for spring sport athletes, being on campus are graduation. Please review the summary of our sports seasons below, paying special attention to the dates that student athletes are required to be on campus.

**Fall Sports:** Boarding students must remain on campus for Parents’ Weekend (9/25/2020-9/27/2020) and for the long weekend in October (10/9/2020-10/11/2020).

	<b>Selected Sport (Please check)</b>	<b>Start Date</b>	<b>End Date</b>
<b>Cheerleading</b>		On or after 8/31/2020	11/7/2020
<b>Field Hockey</b>		On or after 8/31/2020	10/31/2020
<b>Football</b>		On or after 8/31/2020	11/7/2020
<b>Boys’ Golf</b>		On or after 8/31/2020	10/6/2020
<b>Girls’ Golf</b>		On or after 8/31/2020	10/6/2020
<b>Soccer</b>		On or after 8/31/2020	10/31/2020
<b>Volleyball</b>		On or after 8/31/2020	10/31/2020
<b>Cross Country</b>		On or after 8/31/2020	10/31/2020

**Winter Sports:** All students playing winter sports must stay on campus for the Holiday Break (12/19/2020-1/1/2021) and the Winter Break (2/20/2021-2/28/2021).

	<b>Selected Sport (Please check)</b>	<b>Start Date</b>	<b>End Date</b>
<b>Boys’ Basketball</b>		11/30/2020	3/6/2021
<b>Girls’ Basketball</b>		11/30/2020	3/13/2021
<b>Gymnastics</b>		11/30/2020	TBD, Mid-February
<b>Ice Hockey</b>		11/30/2020	3/13/2021
<b>Indoor Track</b>		11/30/2020	TBD, Mid-February
<b>Alpine/Nordic</b>		11/30/2020	TBD, Early March
<b>Wrestling</b>		11/30/2020	2/20/2021



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**ATHLETIC COMMITMENT [CONTINUED]**

**Spring Sports:** Boarding students must remain on campus for Spring Break(4/17/2021-4/25/2021) Memorial Day Weekend (5/29/2021-5/31/2021) and for Varsity Athletes, after graduation (6/7/2021).

	<b>Selected Sport (Please check)</b>	<b>Start Date</b>	<b>End Date</b>
<b>Baseball</b>		3/15/2021	6/12/2021
<b>Lacrosse</b>		3/22/2021	6/12/2021
<b>Softball</b>		3/22/2021	6/12/2021
<b>Tennis</b>		3/22/2021	6/12/2021
<b>Track &amp; Field</b>		3/22/2021	6/5/2021
<b>Ultimate</b>		3/22/2021	6/12/2021

**PARENT CONTRACT**

I have read and fully understand the requirements and responsibilities necessary, as detailed in the Athletic Commitment and the Athletics section of the Student Handbook, for my son/daughter to participate in the athletic program at St. Johnsbury Academy. I will cooperate to ensure that my son/daughter complies with the requirements for participating in athletics at St. Johnsbury Academy.

My son/daughter has my permission to participate in \_\_\_\_\_  
(sports)

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**STUDENT CONTRACT**

I have read and fully understand the requirements and responsibilities necessary, as detailed in the Athletic Commitment and the Athletics section of the Student Handbook, to participate in the athletic program at St. Johnsbury Academy. I agree to abide by all athletic department rules and regulations.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_