



**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 (9/24/2021-9/26/2021) and for the long weekend in October (10/9/2021-10/11/2021).

	Selected Sport (Please check)	Start Date	End Date
Cheerleading		8/16/2021	11/13/2021
Field Hockey		8/19/2021	11/6/2021
Football		8/16/2021	11/13/2021
Boys’ Golf		8/19/2021	10/12/2021
Girls’ Golf		8/19/2021	10/7/2021
Soccer		8/19/2021	11/6/2021
Volleyball		8/19/2021	11/6/2021
Cross Country		8/19/2021	10/30/2021

Winter Sports: All students playing winter sports must stay on campus for the Holiday Break (12/20/2021-1/10/2022) and the Winter Break (2/21/2022-3/1/2022).

	Selected Sport (Please check)	Start Date	End Date
Boys’ Basketball		11/29/2021	3/12/2022
Girls’ Basketball		11/29/2021	3/5/2022
Gymnastics		11/29/2021	3/19/2022
Ice Hockey		11/29/2021	3/5/2022
Indoor Track		11/29/2021	TBA
Alpine/Nordic		11/29/2021	TBA
Wrestling		11/29/2021	2/26/2022

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ATHLETIC COMMITMENT [CONTINUED]

Spring Sports: Boarding students must remain on campus for Spring Break(4/18/2022-4/29/2022) Memorial Day Weekend (5/28/2022-5/30/2022) and for Varsity Athletes, after graduation (6/6/2022).

	Selected Sport (Please check)	Start Date	End Date
Baseball		3/21/2022	6/11/2022
Lacrosse		3/21/2022	6/11/2022
Softball		3/21/2022	6/11/2022
Tennis		3/21/2022	TBA
Track & Field		3/21/2022	6/4/2022
Ultimate		3/21/2022	TBA

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: _____