

Fontbonne
Milton, MA 02186
617.615.3014
www.FontbonneBoston.org



Established in 1954
A Ministry of the
Sisters of Saint Joseph

I/We, the parent(s)/guardian(s) of _____
(Student Name)

request that Fontbonne Academy allow my/our daughter to participate in the Athletic Program for the 2020-2021 school year.

Transportation will be provided to and from competitive events by Fontbonne Academy unless otherwise specified.

Students are expected to behave in accordance with the guidelines set forth in the Student Handbook. Parent(s)/guardian(s) will be called in the event of unacceptable behavior.

In consideration for my daughter's involvement in Fontbonne Athletics, we hereby release and hold harmless, Fontbonne Academy and any and all of its employees from any liability for any harm arising from my/our daughter's participation. In case of emergency by reason of accident or illness, Fontbonne Academy will make every effort to reach at least one parent/guardian. Should this be unsuccessful, the school wishes to be authorized to proceed as rapidly as possible to seek medical attention. Please sign the statement below, giving requisite authority.

Fontbonne Academy is hereby authorize to take such emergency procedures as may be needed for my/our daughter.

Signature of Parent/Guardian

Date

Team(s) interested in - Fall: _____ Winter: _____ Spring: _____

Student Town _____

Insurance Policy Information

Policy Carrier: _____ #: _____

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: _____ Alternative Phone: _____

Concussion Policy

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/guardian 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. 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 the injury.

☐ Check here if the student has ever sustained a head injury. Please include date(s) and cause(s) of the injury:

