Windham-Ashland-Jewett Central School
Informed Consent & Parental Permission for Athletic Participation

As the parent(s) of _____, I/We hereby grant him/her
(Student Athlete)
permission to participate in _____ during the _____school year.
(Name of Sport) Year of Participation

In addition, as parents, we are aware of the possibility of serious injury inherent in, athletic participation, and we are familiar with the dangers involved m this sport. We, consent to our son/daughter participating in this sport and hereby full agree to these conditions.

_____ _____ _____
Sport Parent/Guardian Signature Date

We understand that in case of an injury or illness, the quickest medical assistance will be summoned and first aid administered. We can be reached at the following numbers:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

You, as coach, should be aware of the following special information or instructions regarding my son's/daughter's medical history or condition:

_____

_____

_____

_____

_____

_____

_____

Windham-Ashland-Jewett Central School District
Athletic and Extracurricular Contract

Student Name _____Coach/Adviser _____
(PLEASE PRINT)

Team/Club: _____Level _____

This form MUST be signed by the student AND parent/guardian
The Handbook for Athletes, Club Participants, and Parents can be obtained in the Main Office or found on the school website.

I have read and I understand the "Athletic and Extra Curricular Handbook." I accept my personal responsibility for these guidelines.

(Student Signature) (Date)

_____ _____

I acknowledge reviewing the Windham-Ashland-Jewett Central School District's "Athletic and Extracurricular Handbook" which contains the rules and regulations for participation. I accept my responsibilities in helping my son/daughter live up to the responsibilities and obligations set forth therein.

(Parent/Guardian Signature) (Date)

_____ _____

THIS FORM MUST BE SIGNED AND RETURNED TO THE COACH OR ADVISER BEFORE PARTICIPATION IN EVENTS IS ALLOWED.

As a student at Windham-Ashland-Jewett, I have read the above code of conduct and understand the expectations and responsibilities associated with being part of an athletic team and/or club in this district. (This includes the attached head injury information and the return to play procedures.) I promise to abide by these rules and regulations.

Student:_____Date: _____

Parent:_____Date:_____

Windham-Ashland-Jewett Central School District

Athlete & Parent Contract

Student Athlete Name: _____ Grade: ____ Sport/Activity: _____

Parent/Guardian Name(s): _____ Season/Year: _____

Participation in athletics and extracurricular activities at WAJ is a privilege that carries high expectations. Our goal is to develop character, teamwork, leadership, and Warrior pride in representing our school and community. This contract outlines the responsibilities of our student athletes and their families to ensure that each participant contributes positively to their team and to WAJ. Go Warriors!

Student Athlete Expectations

As a WAJ athlete, I understand that my actions reflect on my team, my school, and myself. I agree to the following:

1. Program Commitment

- I understand that being part of the program requires dedication, effort, and respect for teammates and coaches.
- I will attend all practices, meetings, and competitions unless excused in advance.
- I will arrive on time, prepared, and ready to contribute to the program's success.
- I accept that playing time and roles are determined by the coach based on what's best for the team.
- I understand that modified athletes can be promoted to the varsity level based upon program needs, athletic ability, and athletes skill level.

2. Academic & Behavioral Standards

- I will maintain the academic good standing and follow the requirements of academic eligibility.
- I understand that participation depends on my conduct inside and outside the classroom.
- I will follow all school and athletic rules, and represent WAJ with respect, sportsmanship, and integrity.

3. Conduct & Sportsmanship

- I will treat coaches, officials, opponents, and teammates with courtesy and respect.
- I will refrain from profanity, taunting, bullying, or unsportsmanlike behavior.
- I understand that violations of the student code of conduct may result in suspension or removal from the team.

4. Health, Safety & Substance Use

- I will make healthy choices and avoid the use of tobacco, vaping, alcohol, or drugs.
- I will report any injury or illness promptly to my coach and school nurse.
- I will care for my equipment and uniforms and help maintain a safe environment for my team.
- In the event that I am injured and unable to participate, I will still attend all practices and games unless otherwise excused by the coach in advance.

5. Communication & Responsibility

- I will communicate proactively with my coach or advisor if I will miss a practice or event.
- I will take responsibility for my attitude, effort, and commitment every day.
- I will remember that being part of a WAJ team is a privilege earned through respect, teamwork, and consistent effort.

Parent/Guardian Expectations

As a parent or guardian of a WAJ athlete, I play an important role in shaping the experience for my child and their team. I agree to the following:

1. Support and Respect

- I will encourage my child to meet their academic and athletic responsibilities.
- I will demonstrate good sportsmanship and model respectful behavior toward coaches, officials, athletes, and other spectators.
- I will support the coach's decisions and avoid undermining the program or other team members.

2. Communication

- I will communicate appropriately and respectfully with the coach when concerns arise, following the proper chain of command: **Coach** → **Athletic Director** → **Principal**.
- "24 Hour Rule" I will not approach coaches immediately before, during, or after contests to discuss playing time or strategy.
- I will ensure my child arrives on time and prepared for all practices, games, and events.

3. Program Support

- I will familiarize myself with the WAJ Athletic & Extracurricular Manual and uphold its expectations.
- I will help promote a positive team environment and school spirit.
- I understand that continued participation is dependent on compliance with all school and athletic policies.

Mutual Commitments

Together, we agree to:

- Represent WAJ with pride, dignity, and sportsmanship at all times.
- Prioritize academics, teamwork, and personal growth over individual accolades.
- Foster a positive, inclusive, and safe environment for all participants.
- Recognize that participation in athletics and extracurricular activities is a **privilege**, not a right, and that failure to meet expectations may result in consequences including reduced playing time, suspension, or removal from the program.

Signatures

By signing this contract, we acknowledge that we have read and understand the expectations outlined above and in the **WAJ Athletic & Extracurricular Manual**. We agree to uphold the standards of the program and support the values of teamwork, respect, and responsibility.

Student Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Coach/Advisor Signature: _____ Date: _____

Athletic Director/Principal Signature: _____ Date: _____

NYSED Interval Health History for Athletics

Student Name:	DOB
School Name:	Age
Grade (check): ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12	Limitations: ☐ NO ☐ YES
Sport	Date of last Health Exam:
Sport Level: ☐ Modified ☐ Fresh ☐ JV ☐ Varsity	Date form completed:

MUST be completed and signed by Parent/Guardian - Give details to any YES answers on the last page.

Does or Has Your Child

General Health	No	Yes
Ever been restricted by a health care provider from sports participation for any reason?	☐	☐
Ever had surgery?	☐	☐
Ever spent the night in a hospital?	☐	☐
Been diagnosed with mononucleosis within the last month?	☐	☐
Have only one functioning kidney?	☐	☐
Have a bleeding disorder?	☐	☐
Have any problems with hearing or have congenital deafness?	☐	☐
Have any problems with vision or only have vision in one eye?	☐	☐
Have an ongoing medical condition?	☐	☐
If yes, check all that apply: ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Sickle cell trait or disease ☐ Other:		
Have Allergies?	☐	☐
If yes, check all that apply ☐ Food ☐ Insect Bite ☐ Latex ☐ Medicine ☐ Pollen ☐ Other:		
Ever had anaphylaxis?	☐	☐
Carry an epinephrine auto-injector?	☐	☐
Brain/Head Injury History	**No**	**Yes**
Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told they had a concussion?	☐	☐
Receive treatment for a seizure disorder or epilepsy?	☐	☐
Ever had headaches with exercise?	☐	☐
Ever had migraines?	☐	☐

Does or Has Your Child

Breathing	No	Yes
Ever complained of getting extremely tired or short of breath during exercise?	☐	☐
Use or carry an inhaler or nebulizer?	☐	☐
Wheeze or cough frequently during or after exercise?	☐	☐
Ever been told by a health care provider they have asthma or exercise-induced asthma?	☐	☐
Devices / Accommodations	**No**	**Yes**
Use a brace, orthotic, or another device?	☐	☐
Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)?	☐	☐
Wear protective eyewear, such as goggles or a face shield?	☐	☐
Wear a hearing aid or cochlear implant?	☐	☐
Let the coach/school nurse know of any device used. Not required for contact lenses or eyeglasses.		
Digestive (GI) Health	**No**	**Yes**
Have stomach or other GI problems?	☐	☐
Ever had an eating disorder?	☐	☐
Have a special diet or need to avoid certain foods?	☐	☐
Are there any concerns about your child's weight?	☐	☐
Injury History	**No**	**Yes**
Ever been unable to move their arms or legs or had tingling, numbness, or weakness after being hit or falling?	☐	☐
Ever had an injury, pain, or swelling of a joint that caused them to miss practice or a game?	☐	☐
Have a bone, muscle, or joint that bothers them?	☐	☐
Have joints that become painful, swollen, warm, or red with use?	☐	☐
Ever been diagnosed with a stress fracture?	☐	☐

Student Name:		DOB:	

DOES OR HAS YOUR CHILD		
HEART HEALTH		
Ever complained of:		
Ever had a test by a health care provider for their heart (e.g., EKG, echocardiogram, stress test)?	☐	☐
Lightheadedness, dizziness, during or after exercise?	☐	☐
Chest pain, tightness, or pressure during or after exercise?		
Fluttering in the chest, skipped heartbeats, heart racing?	☐	☐
Ever been told by a health care provider they have or had a heart or blood vessel problem?	☐	☐

If yes, check all that apply:

☐ Chest Tightness or Pain
☐ High Blood Pressure
☐ High Cholesterol
☐ New fast or slow heart rate
☐ Has implanted cardiac defibrillator (ICD)
☐ Has a pacemaker
☐ Other:
☐ Heart infection
☐ Heart Murmur
☐ Low Blood Pressure
☐ Kawasaki Disease

DOES OR HAS YOUR CHILD		
FEMALES ONLY	**NO**	**YES**
Have regular periods?	☐	☐
MALES ONLY	**NO**	**YES**
Have only one testicle?	☐	☐
Have groin pain or a bulge, or a hernia?	☐	☐
SKIN HEALTH	**NO**	**YES**
Currently have any rashes, pressure sores, or other skin problems?	☐	☐
Ever had a herpes or MRSA skin infection?	☐	☐
COVID-19 INFORMATION		
Has your child ever tested positive for COVID-19?	☐	☐
If **NO, STOP.** Go to Family Heart Health History. If **YES,** answer questions below:		
Date of positive COVID test:		
Was your child symptomatic?	☐	☐
Did your child see a health care provider for their COVID-19 symptoms?	☐	☐
Was your child hospitalized for COVID?	☐	☐
Was your child diagnosed with Multisystem Inflammatory Syndrome (MISC)?	☐	☐

FAMILY HEART HEALTH HISTORY

A relative has/had any of the following:

Check all that apply:

☐ Enlarged Heart/ Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy
☐ Arrhythmogenic Right Ventricular Cardiomyopathy?
☐ Heart rhythm problems, long or short QT interval?
☐ Brugada Syndrome?
☐ Catecholaminergic Ventricular Tachycardia?
☐ Marfan Syndrome (aortic rupture)?
☐ Heart attack at age 50 or younger?
☐ Pacemaker or implanted cardiac defibrillator (ICD)?

A family history of:

☐ Known heart abnormalities or sudden death before age 50?
☐ Structural heart abnormality, repaired or unrepaired?
☐ Unexplained fainting, seizures, drowning, near drowning, or car accident before age 50?

If you answered **NO** to ***all*** questions, **STOP**. Sign and date below.
GO to page 3 if you answered **YES** to a question.

Parent/Guardian Signature:	Date:

Student Name:		DOB:	

If you answered **YES** to any questions give details. Sign and date below**.**	
Parent/Guardian Signature:	Date: