

The Newton School

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Greg Bagnato
Principal

The Newton School Athletic Permission Form Grades K-8

The Newton School conforms to the rules and regulations of the Vermont Principals' Association. Before the first sports practice, students must return this form giving the student permission to participate and provide medical and health insurance information. Students must show proof of accident (Health) insurance or purchase insurance offered through the school.

Students participating in the K-6 sports program are recommended to have a complete physical examination by a primary health care provider every two years, but do not need to provide the school with written documentation. Students participating in the 7-8 sports program are required to have a complete physical examination by a primary health care provider annually. They must provide documentation to the school nurse before the first practice. If a student has had a serious injury or illness since the last physical exam, written documentation from the health care provider is required before the student can participate.

Students, coaches, parents and other spectators are expected to be role models and consistently have great sportsmanship. By signing this form, you are agreeing that you will follow the "Code of Ethics Below".

Code of Ethics for Athletes:

- Treat opponents and teammates with respect.
- Play hard, but play within the rules.
- Set an example by exercising self-control at all times.
- Respect officials and accept their decisions.
- Win without boasting, lose without excuses, and do not quit.

Code of Ethics for Parents/Spectators:

- Attempt to understand and be informed of playing rules.
- Applaud positive performance no matter who makes it.
- Be a positive role model by not distracting any player.
- Respect officials and accept their decisions.
- Respect the judgment and strategy of the coach.

As stated in the handbook, students must attend school the day of games or practices in order to participate. Students must also maintain passing grades. Mouth guard protection is recommended for soccer and basketball. If there are any questions or concerns with any of these requirements, please contact the Principal/Athletic Director or School Nurse.

I have read this form and give permission for my child to participate in the Newton School Interscholastic Sports program. In case of accident or serious illness, I hereby authorize the school and/or coach to call the primary care provider and to follow their instructions. If it is not possible to contact this physician, the school/coaches have permission to arrange for emergency treatment as necessary. In the event of injury to your child, the school/coach will contact the parent/guardians as soon as possible. I fully understand the risks of injury included with the sport in which my child will be participating.

Student Name _____ Grade _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian e-mail _____ Parent/Guardian phone _____

Emergency Contact _____ Relationship to child _____

Allergies _____

Medical Concerns _____

Family Doctor _____ Phone _____

7&8 Grade Athletes please provide documentation of last physical to school nurse