

**TRUMBULL PUBLIC SCHOOLS**  
**TRUMBULL, CONNECTICUT**

**RETURN TO YOUR COACH**

PARENT/GUARDIANS:

This form must be received by the candidate's head coach before a tryout is permitted.

TRUMBULL HIGH SCHOOL  
HILLCREST MIDDLE SCHOOL – MADISON MIDDLE SCHOOL

**PARENT/GUARDIAN PERMISSION SLIP**

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Student's # \_\_\_\_\_

Address \_\_\_\_\_ Student's H.R. \_\_\_\_\_

Student's Grade \_\_\_\_\_ Student's DOB \_\_\_\_\_

Name of school attended last year \_\_\_\_\_

\_\_\_\_\_  
City State

I hereby give permission for my son/daughter \_\_\_\_\_

Print last, first name

to try out and to play \_\_\_\_\_. I also give permission for him/her to be transported by private cars or buses provided by the school for any such activity. In the event of an injury, contact the individuals listed on the attached Emergency Card.

**INFORMED CONSENT AND RELEASE OF LIABILITY:** Participation, in all sports, requires an acceptance of possible injury. The athlete and parent/guardian must be aware that by participation in interscholastic athletics and/or intramurals you are in a position to make an informed decision for participation in physical fitness activities and competitive sports. In giving your consent, you are aware that the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death. We hereby hold the Trumbull Board of Education, the Trumbull Public Schools, the Town of Trumbull and any of their employees or agents harmless from and against any liability whatsoever to us, to our child \_\_\_\_\_, or to our heirs, assigns or personal representatives for personal injury. This shall include, but is not limited to, injury, death or sickness occurring in connection with or aggravated by \_\_\_\_\_'s participation in the interscholastic sports program and any consequences resulting directly or indirectly from that program.

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Date

WE (PARENT/GUARDIANS/STUDENT-ATHLETE) HAVE READ THE PROCEDURES FOR INTERSCHOLASTIC PARTICIPATION AND ARE RESPONSIBLE FOR ALL RULES, REGULATIONS AND POLICIES OF THE TRUMBULL PUBLIC SCHOOLS.

WE (PARENT/GUARDIAN/STUDENT-ATHLETE) HAVE READ THE HAZING/ BULLYING DEFINITIONS AND REPORTING PROCEDURES FOR ALL TRUMBULL ATHLETIC TEAMS.

WE (PARENT/GUARDIAN/STUDENT-ATHLETE) AGREE TO COMPLY WITH ALL RULES AND REGULATIONS OF TRUMBULL HIGH SCHOOL AND THE CIAC REGARDING ELIGIBILITY INCLUDING THOSE SPECIFIED GOVERNING THE USE OF PROHIBITED SUBSTANCES, IN PARTICULAR ALCOHOL, DRUGS, TOBACCO AND PERFORMANCE ENHANCING PRODUCTS. VIOLATORS MAY FACE SUSPENSION OR DISMISSAL FROM ALL SPORTS ACTIVITIES.

\_\_\_\_\_  
Athlete

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Date