

## PLAYER CONTRACT

1. I have read the rules and regulations for students in the student/parent handbook.
2. I understand that my primary responsibility is to my academics and I must keep up my grades to be eligible for sports. One failure and any other grade below 70 will render me ineligible.
3. I understand that smoking, use of alcohol or drugs are unacceptable. Any use thereof in season will result in immediate suspension and probable expulsion from the team as well as any other discipline imposed by the administration of Mercy High School. I also understand that my presence at a party or in any situation where tobacco, alcohol or any controlled substances are present will also result in immediate suspension and probable expulsion from the team.
4. I understand that individual coaches and teams may have additional regulations and I must abide by them.
5. I will be supportive of other players, coaches, parents.
6. I am responsible for the uniform and equipment I am provided. Uniforms must be returned neat and clean within two weeks of the end of the season.
7. My commitment to sports requires attendance at practices and games 5 or 6 days a week. (This may include vacation weeks) Unexcused absences will mean I cannot play in games.
8. I understand I cannot drive to contests. Parents may pick up athletes after games only when the coach has received a note prior to the contest.
9. I understand that I am a very visible representative of the Mercy High School Community and as such I will at all times present a most positive image of my school.
10. I understand that some teams practice at other facilities (Wesleyan, Rocky Hill Tennis Club, etc.) A student may drive herself, but cannot drive other students. Mercy will provide transportation to the facility. Parents must pick-up students at the facility. Transportation will be by bus or by a staff member driving.

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Athlete's Signature

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Parent's Signature

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Date

**MERCY HIGH SCHOOL – ATHLETIC DEPARTMENT**  
**STUDENT AND PARENT CONSENT FORM**

**PLEASE PRINT**

Complete Legal Name \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Month/Day/Year) (City) (State)

**STUDENT PARTICIPATION**

This application to participate in athletics at Mercy High School is voluntary on my part and is made with the understanding that I will abide by all the eligibility rules set up by Mercy High School Corporation and the Connecticut Interscholastic Athletic Conference.

\_\_\_\_\_  
(Sport) (Signature of Student)

**PARENT OR GUARDIAN CONSENT**

I hereby give my consent for the above high school student to engage in interscholastic athletics at Mercy High School during the current school year and to accompany the team as a member on its out-of-town trips. I understand that my daughter will be expected to adhere firmly to all established academic and athletic policies of Mercy High School and the Connecticut Interscholastic Athletic Conference.

\_\_\_\_\_  
(Date) (Signature of Parent)

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**EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT**

(To be completed by parent)

In emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ the parent or guardian of \_\_\_\_\_  
Recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the existing circumstances.

Please make the following notations on my daughter's records:

Allergies to medications \_\_\_\_\_

Medication for long-term illness (indicate illness and medications) \_\_\_\_\_

Relevant medical information (e.g. contact lens wearer, history of family diabetes, epilepsy, heart murmur)

\_\_\_\_\_

\_\_\_\_\_  
(Date) (Grade) (Signature of Parent or Guardian)

**MERCY HIGH SCHOOL  
INSURANCE INFORMATION FORM**

Name of School System: Mercy High School

City and State: Middletown, CT

Name of Parent or Guardian \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

**WITH WHAT COMPANY DO YOU HAVE GROUP HEALTH INSURANCE?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_ Basic Only \_\_\_\_\_ Major Medical \_\_\_\_\_ Deductible \$

Policy or Group #: \_\_\_\_\_

If you want to participate in a school sport, you must have insurance. If you do not have insurance, you must obtain insurance through the school. Student School Insurance Packets are available in the main office.

This form will be kept on file in the Athletic Department Office. Please notify us immediately if there are any changes in your insurance status.

Tim Kohs  
Director of Athletics  
860-347-9021

**MERCY HIGH SCHOOL**

In the event of any emergency requiring medical attention, I hereby grant permission to a physician or other hospital personnel designated by the Coaching Staff/Athletic Trainer to attend to my daughter.

I expect every effort will be made to contact me in order to receive my specific authorization before any further treatment or hospitalization is undertaken.

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Orthopedic \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Physical Therapist \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH HISTORY**

	No	Yes	If yes, reason
Kidney Injuries	_____	_____	_____
Heart condition or disease	_____	_____	_____
Diabetes	_____	_____	_____
Asthma	_____	_____	_____
Do you wear glasses/contacts?	_____	_____	_____
Allergy to bee stings	_____	_____	_____
Allergy to any medication	_____	_____	_____
Any type of surgery	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Date of last tetanus shot \_\_\_\_\_ Present medications \_\_\_\_\_

My daughter has no physical limitations which would restrict sports involvement. Please advise us as to any other pertinent information which we should be aware of.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

Tim Kohs, Athletic Director  
Mercy High School  
860-347-9021