Middlesex County Vocational Technical High Schools
Interscholastic Athletic Permission and Participation Form

Parent/Guardian Acknowledgement Form

NJSIAA Sports-Related Concussion and Head Injury Fact Sheet

I/We acknowledge that we received the Sports- Related Concussion and Head Injury Fact Sheet.

_____	_____	_____
Student Signature	Student Printed Name	Date
_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Printed Name	Date

Sudden Cardiac Death Pamphlet

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

_____	_____	_____
Student Signature	Student Printed Name	Date
_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Printed Name	Date

NJSIAA Steroid Testing Policy

I/We acknowledge that we received the NJSIAA Steroid Testing Policy and Banned Drugs List.

_____	_____	_____
Student Signature	Student Printed Name	Date
_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Printed Name	Date