

Middlesex County Vocational-Technical High Schools
INTERSCHOLASTIC ATHLETIC PERMISSION AND PARTICIPATION FORM

Name: _____ Date: _____

Age: ____ Date of Birth: _____ School: _____ Sex: _____

Sport: _____ Home Phone: _____

Grade: _____ Parents) Work Phone: _____ Cell Phone: _____

Parent's/Guardian's Permission To Participate/To Obtain Emergency Care

- I hereby give my consent for my son/daughter to participate in the district's Interscholastic Athletic Program at local or out-of-town games. I am also advised that students must return equipment/uniforms in good condition. Parents/Guardians will be expected to reimburse the district for equipment/uniforms that are damaged or lost.
- I authorize school personnel to obtain emergency medical care that may become necessary for my son/daughter in the course of athletic activities or related travel.
- I am also advised that Sports Insurance is provided under what is known as a Full Excess Plan. Parents/Guardians must provide payment from their own personal or group insurance policy for medical expenses or hospitalization. If charges are not covered by the parent's/guardian's personal plan, district insurance will cover the player up to the limits of the district's policy for medical expenses or hospitalization.

My child is covered by insurance for the _____ - _____ school year under our family insurance policy.

Name of Insurance Company _____ Policy # _____

Date of last Tetanus Toxoid Booster: _____

I certify that the information provided herein is accurate as of the date of these signatures.

Parent/Guardian Signature: _____ Date: _____

New Jersey State Law requires that all students who participate in interscholastic sports receive a physical exam prior to participating in any practice or game. This physical exam may be provided by your family physician or the school physician. If a parent/guardian does not have a home physician, an examination by the school physician may be requested.

Please check one of the following and return this from.

_____ I will use my family Doctor to provide this exam at my own expense. A copy of the required district form will be completed by my Doctor and returned to the School Nurse with his/her findings, recommendations, and any restrictions within 30 days of receipt of this notice.

_____ I request that the School Doctor provide the required physical examination.

Parent/Guardian Signature: _____ Date: _____

As a student candidate in the Interscholastic Athletic Program, I will conduct myself in a manner that is beyond reproach and exhibit good sportsmanship and return sports equipment and uniforms issued to me in good condition.

Student Signature: _____ Date: _____