Dear Parents/Guardians:

Your son/daughter has chosen to participate in a sport (found at the bottom of this page). Please complete the necessary forms and return them to the Athletic Director or to the teams’ head coach. The following forms must be completed and returned to school.

1. Parent Consent Form to participate in a sport (found at the bottom of this page).
2. Pre-Participation Physical Form – Health History Questionnaire
3. Pre-Participation Physical Examination Form
4. Your family doctor should do this physical (For your convenience, a Pre-Physical Physical Examination Form is attached for your family doctor’s use when completing the physical examination).

**Parent Consent Form**

I have completed the above information and hereby give my permission for my child to participate in athletics conducted by the school authorities. I also consent to his/her participation in the games with other schools as a member of the team. I shall assume all responsibility and expenses not covered by my insurance and the school’s athletic insurance for any injury received by my child while in practices or participating in any game or travel to and from a game. I also give my permission for my son/daughter to be examined by the school physician.

I also hereby release and hold harmless the said school doctor, State of New Jersey, coaches and staff or their representatives from any and all suits, claims, damages and demands arising out of any injury or death sustained or suffered by my child while engaged in the athletic activity. I have completed in full and understand this form and attest to its accuracy.

You will need to fill out a parent consent form and questionnaire (attached) for every team your child participates. Thank you for your cooperation.

Sports: \_\_\_\_\_\_volleyball \_\_\_\_\_\_basketball \_\_\_\_\_\_track \_\_\_\_\_\_soccer

Print Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

I consent to have my child’s picture printed in outside publications and/or online. Yes \_\_\_No \_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_