

**ROSELLE SCHOOL DISTRICT
PARENTAL CONSENT FOR ATHLETIC PARTICIPATION**

NAME: _____ **M/F** **GRADE** _____

ADDRESS: _____

Town: _____

FALL	WINTER	SPRING
FOOTBALL	BASKETBALL	BASEBALL
CROSS COUNTRY	BOWLING	SOFTBALL
CHEERLEADING	CHEERLEADING	TRACK
SOCCER	TRACK	GOLF
GIRLS VOLLEYBALL		

I understand that some of the above sports are contact sports and my son/daughter may encounter some physical hazards.

I shall assume all responsibility and expense (except covered by medical insurance) for any injury while my son/daughter is participating in practices or games.

I hereby give consent for my son/daughter to participate in the above sport during the appropriate season.

Signature of Parent/Guardian

Date

**Abraham Clark High School
Roselle, New Jersey**

Physical Completed: _____
Date

Part 1 – Student Participation Form

Must be completed entirely by student and parent before the student may participate in any interscholastic sport

Name _____ **Grade** _____ **Date of Birth** _____

Address _____ **Phone** _____

Parent/Guardian Name _____

I agree to live up to the rules of training, proper conduct, and responsible behavior as established by the Athletic Director and by the Coaches. I am aware that the development of character is an important aspect, therefore I understand any use of or possession of drugs, alcohol or tobacco at any time during the athletic season, whether in school or out of school, will result in the following penalties.

Use, Possession or Distribution of a Controlled Dangerous Substance including Alcohol and Steroids

1st Offense: 10 days suspension from the team as well as school; including practices and games, as well as a referral to a substance abuse counselor

2nd Offense: Immediate dismissal from athletics for the remainder of the season

Use and/or Possession of Tobacco/Tobacco Products

1st Offense: 5 day suspension from the team with 1 day of practice before you may return to competition

2nd Offense: 10 day suspension from the team with at least 1 day of practice before you may return to competition

Theft and/or Vandalism: whether at home or at a visiting school

1st Offense: 5 suspension from the team with 1 day of practice before you may return to competition

2nd Offense: **Immediate dismissal from athletics for the remainder of the season**

Out of School Suspension: Upon a players return from suspension they must complete at least 1 day of practice before returning to competition

I realize that it is my responsibility as a member of a team to be present at all practices and athletic contests; however I may be excused from practice or athletic contest, which occurs on religious holidays. In addition, I will abide by all rules and regulations established by the NJSIAA. I will be responsible for and return all equipment issued to me, pay for any portion lost, stolen or unduly damaged. I will exhibit good sportsmanship and conduct myself on and off the playing field in a manner that will be a credit to my school, team and myself.

I acknowledge that I have read and understand the defined regulations.

Student Signature _____ Parent Signature _____

Date _____

Date _____

**Abraham Clark High School
Roselle, New Jersey**

Part 2 – Parent Approval Form

(to be completed and signed by the parent or guardian)

As part of an evaluation of your son's/daughter's physical ability and general health required to become a candidate for participation in interscholastic athletics, it is important that the school medical inspector be aware of prior medical history. Therefore, you are required to check any of the following diseases or conditions, which the candidate now has or may have had in the past.

The Board of Education carries an interscholastic insurance policy that provides medical benefits on an "excess" basis only. For parents who already have medical insurance, this represents secondary coverage that will only be paid after the primary carriers first pay their portion of all medical bills. The purpose of this policy is to pay for the portion of the medical expenses not covered by personal or group insurance that most parents carry for their families. As with all insurance policies, this policy has limitations and does not guarantee that coverage for all medical expenses not covered by other primary insurance. Only when there is no medical insurance in the family will this policy pay primary benefits, and then it will only pay up to the limits of the policy.

I will make certain that he/she fulfills his/her obligations and responsibilities as stated in Part 1.

I am fully aware that participation in any co-curricular activity may result in injury. I realize that it is impossible to predict all various types of injuries that a student might incur participating in athletics. I fully understand that a serious physical injury/accident is possible.

Completely understanding the above implications, we the undersigned, the parents and/or guardian of _____ hereby consent to his/her participation as a member of the _____ (team) for the school year 20____-20____. We acknowledge that we have been fully informed of the physical hazards in the above described athletic activity and the risk of physical injury, which may occur to my son/daughter as a result of participation in such athletic activity.

I have read the statement concerning the rules of training, proper conduct, and responsible behavior as established by the Athletic Director and by the Coach that my son/daughter has agreed to under Part 1 of the student participation form. I understand these rules and penalties involved and will encourage my son/daughter to abide by them.

Please check one:

_____ Please have the school physician provide the medical examination (scheduled throughout the year)

_____ I will take my child to his/her primary care physician

Medical information will be shared with the coaching staff and the athletic trainer only.

Parent/Guardian Signature _____ Date _____

