

# Warren Middle School ATHLETIC PRE-PARTICIPATION FORMS

## PARENTAL CONSENT

(To be completed by the parent and student - Pursuant to N.J.A.C. 6A:16 Programs to Support Student Development)

New Jersey Administrative code 6:29-3.4, **Athletic Procedures**, states that "a medical examination to determine fitness of a pupil to participate in athletics shall include as a minimum, no less than the following..." information:

1. **Parental Consent** conveying permission to participate all sports for school year. (Parental Completion)
2. **Part A: Health History Questionnaire** completed **less than 60 days prior to try-outs** (Parental Completion)  
**Part A-1: Health History Update** (Utilized for each sport participation after the initial Health History Questionnaire is completed less than 60 days prior to start of try-out s. (Parental Completion)
3. **Part B: Physical Examination** (Date of last physical must be within one year from the start of a sport's try-outs, and cannot be used to cover the same sport in different school years.) (Health Care Practitioner Completion).

## PARENTAL CONSENT

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

I hereby give my consent for my child to participate in: (check  for all sports participation for **entire school year**)

<b>Autumn</b>	Soccer <input type="checkbox"/>	Cross Country <input type="checkbox"/>	
<b>Winter</b>	Basketball <input type="checkbox"/>	Cheerleading <input type="checkbox"/>	
<b>Spring</b>	Baseball <input type="checkbox"/>	Softball <input type="checkbox"/>	Track <input type="checkbox"/>

This sports program is sponsored by the Warren Township Public Schools. Realizing that such activity involves the potential for injury, which is inherent in all sports, I/We acknowledge that even with the best coaching, use of protective equipment and strict observance of rules, injuries are still a possibility. On rare occasion these injuries can be so severe as to result in total disability, paralysis or even death. I/we acknowledge that I/we have read and understand this warning. I/we further more release said school from all liabilities sustained by my child during or resulting from participation in above name sport

Parental signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT PARTICIPATION AGREEMENT

I, \_\_\_\_\_, hereby understand and agree to the following items:

1. I recognize that I am a representative of the Warren Township School District and a member of a Warren Middle School Interscholastic team, and I will conduct myself in an appropriate and acceptable manner according to the laws of the state and the rules and requirements of my school and coaches.
2. I recognize that I have accepted a challenge to be the best I can be by my participation in this activity.
3. I understand and agree that any "substance abuse" on or off school property as well as conduct contrary to law and/or school rules may result in my dismissal from the above activity.
4. I agree to be responsible for all equipment issued to me and will return all equipment within one week of the sports season's end/ or pay for that portion lost or unduly damage.
5. I understand that to be eligible for participation in any interscholastic sports I must have obtained and maintain passing grades in all course that are required for graduation.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHYSICAL EXAM INFORMATION

A student must have a yearly sports physical examination (PE) prior to participation in a sport. The N.J. state law: NJAC 6A:16-2.2 states that "each student medical examination shall be conducted at the medical home of the student and a full report sent to the school. If a student does not have a medical home, the district shall provide this examination.

Please check **only one physical exam option**:      All forms are due two weeks prior to try-outs or start of sport.

**Sports physical exam will be done by your private health care practitioner** (i.e. medical home), recorded on the NJ state physical exam form, and delivered to the school nurse no less than **2 weeks prior to the start of the sport (try-outs)**. All forms will then be sent to the school physician for review before participation in a sport or try-outs can begin. **Late forms will delay participation. Make a copy of the physical form for your home files.**

**Private physician's physical forms are not acceptable.**

**Sport physical exam conducted by the school physician**, at the school, for which I give consent for the physician to perform. **The NJDOH strongly recommends that sports physicals be done by a student's private physician (medical home).** School sports physicals are for those student's who have no private health care practitioner, medical home or extenuating circumstance that prevent use of medical home.

**Sports physical exam was completed within the last 365 days, was documented on the NJ state physical exam form, and is on file with the school nurse.** Health history update must be completed less than 60 days before the start/try-outs for every sport.

