

PEQUANNOCK TWP. ATHLETIC DEPARTMENT
Sports Physical Form/Parent Consent Form

Name _____ Date of Birth _____ Age: _____ City Of Birth _____
 Address _____ City/State/Zip: _____
 Home Phone _____
 Circle School: High School Middle School
 Sport: _____ Grade: _____ Sex _____
 Physician: _____ Phone: _____ Fax: _____

PARENT/GUARDIAN CONSENT: This form must be returned before your child can start his/her participation in any sport. 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 the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions 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.

Accident insurance is provided by the Board of Education for all interscholastic sports programs.

Every effort is made to render emergency and first aid for injury with the follow-up and further care given by the family physician. We expect the student athlete to be cleared by the team physician before further participation.

The parent or guardian is requested to sign below indicating his/her familiarity with the above as well as giving permission to participate, to travel with the teams, and to be responsible for the return of all equipment.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

KINDLY CIRCLE SPORT

CLASSIFICATION OF SPORTS BY CONTACT

Collision /Contact	Limited Contact	Strenuous/Non-contact		Non-Strenuous
Field Hockey	Baseball	Field	Track	Golf
Football	Basketball	Discus	Tennis	Band
Ice Hockey	Softball	Javelin	Swimming	Colorguard
Soccer	Gymnastics	Shotput		
Wrestling	Field	Cross Country		
	High Jump/Pole Vault	Strength Training		
	Cheerleading			