

PEQUANNOCK TOWNSHIP PUBLIC SCHOOLS

PARTICIPATION FORM

Dear Parents / Guardians:

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 care 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.

Kindly check the areas of participation.

- Baseball
- Basketball
- Cross Country
- Football
- Golf
- Tennis
- Track
- Wrestling
- Field Hockey
- Soccer
- Softball
- Cheerleading
- Swimming
- Gymnastics
- Ice Hockey

Note to Parents: This is not a physical examination form.

A physical examination form must be on file in the school nurse's office in order to participate in any sport.

Student's Name _____ Parent's Signature _____

Address _____ Phone Number _____

FOR EMERGENCY USE ONLY:

Family Physician _____

Physician's Phone Number _____

IMPORTANT: PLEASE FILL OUT AND SIGN HEALTH HISTORY UPDATE ON REVERSE SIDE