

# GREEN BROOK 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 then the following...” information:

1. A signed parental consent conveying permission to participate in a sport.
2. Part A: Health History Questionnaire / Health Update (Parental Completion) completed less then 60 days prior to try-out or start of each sport's season.
3. Part B: Physical Examination (Health Care Practitioner completion). (Current for 365 days)

## PARENTAL CONSENT

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** IEF GBMS

I hereby give my consent for my child to participate in: (check mark ✓ ✗ only one sport)

<b>Autumn</b>	Soccer	Cross Country		
<b>Winter</b>	Basketball			
<b>Spring</b>	Baseball	Softball	Track	Girls on the Run

This sports program is sponsored by the Green brook 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 Green Brook School District and a member of a Green Brook 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.

**Athletes 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 at least 2 weeks prior to the start of the sport (try-outs). All forms will then be sent by the school nurse 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.

**Sports physical exam done by the school physician**, at the school for which I give consent for the physician to perform on my child. 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.** Parental consent and health history update must be completed less than 60 days before the start/try-outs for each sport

