

PARENTAL PERMISSION TO ENGAGE IN COMPETITIVE ATHLETICS

To the Parent or Legal Guardian of _____

Your child wishes to engage in _____ under the supervision of a certain teacher. In order for your child to participate, it is necessary for you to sign this form and return it to school.

I request that my child _____ be enrolled in _____ and subscribe to the following conditions:

- A. I acknowledge that physical hazards may be encountered in the conduct of the activity, and in all arrangements incidental thereto.
- B. Based on NJAC 6A:15-2.2(h), medical examinations for candidates for a school athletic squad or team must be conducted in the medical home of the student and a full report on school physical forms must be sent to the school. It is only in the case where a student does not have a medical home that the school physician is required to provide the examination at his/her office or other appropriately equipped facility.
 - B. 1. _____ We do not have a medical home physician and will need a physical exam from the district. I grant permission for my child to be examined by the school physician in order that he may administer a complete medical valuation prior to the beginning of the first scheduled try-out session.
 - B. 2. _____ I choose to have the examination administered by my family physician, with the understanding that the results be given to the school health office prior to the beginning. of the first scheduled try-out session.

In the case of an emergency and I cannot be reached, one of the following persons should be contacted:

Name: _____ Telephone No. _____

Name: _____ Telephone No. _____

Family Doctor: _____ Telephone No. _____

Family Dentist: _____ Telephone No. _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Telephone: Home _____ Work _____

Student Signature: _____ Date: _____