

CHERRY HILL PUBLIC SCHOOLS--CHERRY HILL HIGH SCHOOL EAST

PERMISSION FORM FOR SPORTS

STUDENT NAME LAST _____ FIRST _____

Grade/Team/ Year of Graduation _____ Gender M F

Address _____

Cherry Hill, NJ Zip _____ Birthdate MM DD YY

CONTACT INFORMATION Mother/Guardian #1 Father/Guardian #2

Name _____

Home # _____

Cell # _____

Work # _____

Student Cell # _____

I acknowledge receiving and reading the following informative literature:

- *NJSIAA SPORTS-RELATED CONCUSSION AND HEAD INJURY FACT SHEET & PARENT/GUARDIAN ACKNOWLEDGEMENT FORM (December 2011)*
- *NJ AMERICAN HEART ASSOCIATION & AMERICAN ACADEMY OF PEDIATRICS: SUDDEN CARDIAC DEATH IN YOUNG ATHLETES (January 2011)*

I also acknowledge receipt and agree to the following:

- *NJSIAA STEROID TESTING POLICY – CONSENT TO RANDOM TESTING (May 2010)*

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Please circle the current Season and Sport:

FALL	WINTER	SPRING
Cheer	Basketball – Boys	Baseball
Tennis – Girls	Swimming – Girls	Tennis – Boys
Field Hockey	Basketball – Girls	Golf
Volleyball – Girls	Track – Boys	Track – Boys
Football	Track – Girls	Lacrosse – Boys
XC - Boys	Bowling	Track – Girls
Soccer – Boys	Cheer	Wrestling
XC - Girls	Swimming – Boys	Lacrosse – Girls
Soccer – Girls		Volleyball – Boys
		Softball

My son/daughter has my permission to participate in the above interscholastic athletic activity as approved by the Cherry Hill Board of Education. We realize that there is a risk of the above named student being injured, which is inherent in all sports. We expect school authorities and coaches to exercise every reasonable precaution to avoid accidents and injury. We hereby release the Board of Education and its agents, servants, teachers, and employees of any liability whatsoever, for any accidents that may occur during such participation.

We understand that the Board of Education has purchased "Full Excess" accident insurance coverage for all interscholastic sports. Full Excess means that the parents' insurance must be used first. Any medical expense not covered by their insurance can be submitted under the full excess policy, and will be paid on a usual reasonable basis.

Signature of Student-Athlete _____

Signature of Parent/Guardian _____

Date _____