

**FREEHOLD TOWNSHIP SCHOOLS
CONSENT FOR ATHLETIC PARTICIPATION**

STUDENT _____ BIRTHDATE _____

GRADE/TEAM _____ SCHOOL _____ COACH _____

ADDRESS _____ HOME PHONE _____

MOTHER: CELL _____ FATHER CELL _____
WORK _____ WORK _____

SPORT (ONE FORM FOR EACH SPORT) _____

DATE OF FIRST PRACTICE _____ **DATE FORM DUE** _____

In case of emergency, if unable to reach parent, contact:

Name: _____ Phone:(H) _____
Phone: (W) _____ Cell: _____

IS THERE ANY MEDICAL OR HEALTH INFORMATION YOU WOULD LIKE THE COACH TO KNOW?

I hereby give my informed consent for the participation of the above named student in the sports program listed, conducted by the school against other schools and within the school. I am aware that such activity involves the potential for injury that is inherent in all sports. I acknowledge that even with the best of coaching, use of the most advanced protective equipment and strict observation 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 acknowledge that I have read and understand this warning.

I certify that the above student has completed the required Medical Examination within 365 days of the first practice and that the required Health History Update has been completed no more than 60 days prior to the first practice. These forms are in the student's Health Folder in the Health Office.

I give permission for the Freehold Township coaching staff to seek medical treatment for my child in case of injury or illness, which occurs while participating in school sponsored activities, if I cannot be reached.

If a student is cut from a sport during try outs, he/she may participate in the no cut sport for the season. The interest form for the no cut sport must be submitted to the coach within one school day from the time the student is cut.

I understand that due to budget reductions, the District will be unable to provide any co-curricular activity/sport after school transportation for participating students for the school year. As a result, following dismissal of students from these activities by the coach/advisor, I will be solely responsible to provide the means for students to arrive home safely.

I HEREBY REQUEST CONSIDERATION FOR PLACEMENT IN THE ABOVE ATHLETIC PROGRAM.

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF STUDENT

PLEASE GIVE THIS FORM TO THE COACH BEFORE THE DATE LISTED ABOVE