

Grade: _____

Sport: _____

ACKNOWLEDGEMENT AND CONSENT

We acknowledge that we have received and reviewed the NJSIAA Steroid Testing policy, the Sudden Cardiac Death in Young Athletes pamphlet, Sports Related Eye Injury pamphlet, the Code of Conduct and Concussion Impact Test forms. I hereby give consent for my son/daughter to participate in Interscholastic Sports sponsored by the West Morris Regional High School District. I give permission to have the medical information shared with the Athletic Trainer and Coach as necessary.

My son/daughter has had the following illness or injuries or chronic conditions that may affect athletic performance:

THE BOARD INSURANCE FOR THE INTERSCHOLASTIC COVERAGE IS AN EXCESS POLICY AND ONLY COVERS EXPENSES AFTER THE PARENTS HAVE UTILIZED THEIR OWN INSURANCE.

PRINTED NAME OF STUDENT-ATHLETE

PRINTED NAME OF PARENT/LEGAL GUARDIAN

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date