

Gloucester City Junior-Senior High School

Athletic Participation Acknowledgment Form

Student-Athlete Name _____ (please print)

Sport _____ Date of Birth ____/____/____

STUDENT AGREEMENT

I hereby apply for the privilege of participation in the above named sport. I have read and understand the attached Athletic Participation Contract and agree to abide by all rules pertaining to the GHS athletic program. Any infraction on my part may lead to suspension or dismissal from the team.

PARENTAL CONSENT

I/We hereby give our permission for the above named student-athlete to participate in the above name sport. I/We have read and understand the attached Athletic Participation Contract and agree to abide by all rules pertaining to the GHS athletic program. I/We realize that organized high school athletics involve the potential for injury that is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance 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/We acknowledge that I/we have read and understand this warning. Furthermore, I/we release the Gloucester school district from all liability for injuries incurred by my/our child during or resulting from participation in the athletic program, whether it occurs during practice, during a contest, or traveling to/from a practice or contest.

NJSIAA STEROID TESTING POLICY – CONSENT TO RANDOM TESTING

I/We consent to random testing in accordance with the attached 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.

CONCUSSION POLICY ACKNOWLEDGMENT

I/We acknowledge that I/we have received and reviewed the attached Sports-Related Concussion and Head Injury Fact Sheet.

SUDDEN CARDIAC DEATH BROCHURE ACKNOWLEDGMENT

I/We acknowledge that I/we have received and reviewed the attached Sudden Cardiac Death in Young Athletes pamphlet.

Student-Athlete Signature _____ Date ____/____/____

Parent/Guardian Name _____ (please print)

Parent/Guardian Signature _____ Date ____/____/____

Emergency Contact Information

Parent Guardian Name: _____

Home Phone : __ () _____ Cell: __ () _____

Additional Contacts: Name: _____

Phone: __ () _____

Phone: __ () _____