



NORTH HUNTERDON HIGH SCHOOL

Interscholastic Sport (Athletics) & Intramural Consent Form

Student name – (Print): _____ I.D.#: _____ Grade: _____

Address: _____ Phone Number: _____

FOR INTERSCHOLASTIC SPORTS (ATHLETICS)

I understand that my son/daughter requests to be enrolled as a candidate for participation on an interscholastic sport team at North Hunterdon Regional High School. I fully acknowledge that physical hazards may be encountered and hereby release all claims or demands, including those for damages or costs, I might have against the North Hunterdon-Voorhees Regional High School Board of Education or its representatives, or made by other persons on my behalf, in regard to any injury my child may suffer in conjunction with his/her participation in the sport/sport related activity. I am also aware that my child must meet ALL ELIGIBILITY requirements, both academic and medical, which include: a physical exam which must be reviewed and APPROVED by the School Medical Inspector, and passing a minimum of 30 credits for grades 10, 11, and 12 for the academic year preceding participation in fall and winter sports. To participate in spring sports, ALL students must be passing a minimum of 15 credits for all courses during the first semester of the year. I understand that parents and students are responsible for checking on the credit requirements for each athletic season. I hereby confirm that prior to enrolling at North Hunterdon High School, my son/daughter did not play on another high school interscholastic athletic team (this does not include Athletic camps, recreation, traveling teams or AAU teams)
OR YES, my son/daughter played on an athletic team at _____ High School.

By signing below, I indicate that I have read, understand, consent to, and agree to comply with and be bound by the terms, provisions, requirements and content of all of the forms included in the "Interscholastic Sport (Athletics) & Intramural Packet" (which are listed below) and this consent form:

- Parent Permission/Authorization for Emergency Treatment
- Random Drug Testing Policy and Regulation #5531
- NJSIAA Steroid Testing Policy/Banned Drug Classes
- NJSIAA Consent to Random Testing form
- North Hunterdon High School Athletic Philosophy & Expectations
- Lions Athletic Philosophy Q & A
- NHHS Athletic Dept Guidelines for Athletes
- NHHS Athletic Sportsmanship Expectation Guide
- North Athletics Code for Sportsmanship
- NHVRHSD Student Athlete Disciplinary Code
- Press Release for Events at NHHS
- ImPACT Concussion Management Program
- Concussion Identification Management and Return to Play at NHRHS
- How to View Athletic Schedules and NHHS Booster Club Information
- Sudden Cardiac Death in Young Athletes
- NHVRHSD Technology Services Dept's Student Information Policy
- Parental/Guardian Consent Form for Child's photo/image publication

FOR INTRAMURALS:

By signing below, I indicate that I have read, understand, consent to, and agree to comply with and be bound by the terms, provisions, requirements and content of the forms listed below from the "Interscholastic Sport (Athletics) & Intramural Packet" and this consent form:

- Parent Permission/Authorization for Emergency Treatment
- Random Drug Testing Policy and Regulation #5531

Please keep the above-listed forms that are included in the packet for your own records. Please submit to the High School Health Office this page and the following sports physical forms: Health History Questionnaire (A1-A3); Physical Evaluation Form (B1-B4); Medication Form for Allergic Reaction - Epinephrine (if needed); Self-Administration of Inhaler & Asthma Action Plan (if needed); Over the Counter Medication Administration Parent Permission (if needed); Authorization for Medication (if needed).

I understand that my child will not be permitted to participate unless the documents are signed and submitted.

Parent/Guardian – (Print): _____

Parent/Guardian – (Signature): _____ Date: _____

Student Athlete – Athlete (Print): _____

Student Athlete – Athlete (Signature): _____ Date: _____