

INTERSCHOLASTIC SPORTS
Secondary Packet - PERMISSION SLIP
2020 - 2021

Player Name (Please print) _____ Grade _____ Circle one: M or F

I hereby apply for the privilege of being a part of:

Name of Sport/Club/Activity: _____

for William Davies Middle School for the 2020-2021 school year.

Parental Consent

I give permission for _____ to be a part of above at the SPORT/club/ activity _____ William Davies Middle School for the 2020-2021 season. I realize that this club/activity will take place after school until 4:00 p.m. I am also aware that in the above SPORT/club/ activity _____ there is an inherent risk of injury even when this club/activity is played in accordance with normal applicable rules. I agree to hold the Hamilton Township School District harmless of and from any and all liability for any injuries suffered by my child, which may be incurred in the ordinary course of practice and or play for this sport. Additionally, I give permission for my child to be taken to the closest hospital for treatment, in case of emergency, when I cannot be reached.

In addition, I understand and agree to the following State of NJ guidelines:

In accordance with N.J.S.A. 5:17 -2 et seq. Any person who:

1. Engages in verbal or physical threats or abuse aimed at any pupil, advisor, administration or any other person.
 2. Any person who initiates a fight or scuffle with pupil, advisor or administrator or any other person.
- Shall be banned from being present at subsequent activities if the conduct occurs at or in connection with a school sponsored youth event.

Furthermore, by completing this permission slip, I acknowledge reading, understanding and accepting the conditions set forth on this permission slip.

*****IMPORTANT*****

This completed permission slip, signed concussion release, signed cardiac death notification acknowledgment and an updated NJ Department of Education state approved physical form (may be obtained from the school nurse/sports web site or coach) must be returned to the coach before the student is permitted to try-out for any sport/intramural participation activity.

Parent/Guardian: Athletic Pre-Participation Physical Examination Consent

Athletic Physicals are filed in the Health office and are only valid for 365 days from the date of examination.

____ Completed prior forms and is **ALREADY ON FILE with the school nurse.**

Parent/Guardian signature: _____

(Updated 10/25/2018)

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|--|-------|
| <u>PARENT/GUARDIAN CONTACT INFORMATION:</u> | |
| NAME/RELATIONSHIP: | _____ |
| PHONE NUMBERS: (HOME/CELL) | _____ |
| EMAIL: | _____ |
| <u>OTHER EMERGENCY CONTACT:</u> | |
| NAME: | _____ |
| NUMBER: | _____ |

Hamilton Township School District

Student Athlete Contract

As student athletes, you are bound by a stricter moral and behavior code than non-student-athletes. As such, you will be responsible for conducting yourself in a manner above and beyond non student-athletes. If you choose to accept this responsibility, you and your guardian must sign this contract, and in doing so, you agree to abide by the consequences set forth below:

Academic:

1. If a student has a failing grade when report cards are issued, he/she is ineligible to participate in activities.
2. If a student-athlete has any failing grade at the time interims are issued, he/she must meet the following conditions to remain on the team:
 - a. Meet with guidance to develop an academic intervention contract;
 - b. Adhere to and successfully meet the goals outlined in the contract;
 - c. Failure to comply with the intervention contract will result in the suspension of the student-athlete, from the current team, until the conditions of the contract are met.

Absences:

1. If a student-athlete misses 2 practices without a valid reason (coaches discretion), he/she will be excluded from participating in the entire next scheduled game. However, the student-athlete must still attend the game as part of the team. Failure to attend will result in the student-athlete being excluded for an additional game.
2. If a student-athlete misses a game without a valid reason (coaches discretion), he/she will be excluded from participating in the entire next scheduled game. However, the student-athlete must still attend the game as part of the team. Failure to attend will result in the student-athlete being suspended for an additional game.
3. If a student-athlete misses four practices/games without a valid reason (coaches discretion), he/she may be removed from the team.
4. If the student-athlete is absent from school, he/she may not participate in the game or practice that day and he/she may not attend the game. Excused absences from school, as determined by school policy, are considered a valid reason to miss practice or a game.
5. If a student-athlete accumulates more than 10 unexcused absences from school, he/she will not be eligible to participate in the program.

Discipline:

Detentions are not acceptable and thus not considered an excused absence. Detentions take precedence over games and practices.

1. External or internal suspension from school will result in the student-athlete being suspended from the team. He/she will be afforded an opportunity to be re-instated if, within 5 days, he/she submits a letter to the Vice Principal requesting re-instatement. The body of the letter must include an explanation of why the behavior occurred and a plan he/she will implement to prevent the behavior from recurring in the future. Upon receipt of the letter, the Vice Principal may request to meet with the student and the coach. At this time, a decision will be made. A student-athlete is prohibited from participating in any school-sponsored activities during the suspension and for five school days from the last day of the suspension.
2. Two external/internal suspensions during the course of the season/trimester period will permanently remove the player from the team.

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Signature of Student-Athlete

Date

*

Signature of Parent/Guardian

Date

Name of Sport or Activity: _____

State of New Jersey
DEPARTMENT OF EDUCATION

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student _____ Age _____ Grade _____

Date of Last Physical Examination _____ Sport _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes _____ No _____
If yes, describe in detail _____

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes _____ No _____
If yes, explain in detail _____

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes _____ No _____
If yes, describe in detail _____

4. Fainted or "blacked out?" Yes _____ No _____
If yes, was this during or immediately after exercise? _____

5. Experienced chest pains, shortness of breath or "racing heart?" Yes _____ No _____
If yes, explain _____

6. Has there been a recent history of fatigue and unusual tiredness? Yes _____ No _____

7. Been hospitalized or had to go to the emergency room? Yes _____ No _____
If yes, explain in detail _____

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes _____ No _____

9. Started or stopped taking any over-the-counter or prescribed medications? Yes _____ No _____
If yes, name of medication(s) _____

Date: _____ Signature of parent/guardian _____

PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE'S OFFICE