

Delsea Athletics

Parent Permission Form

A new permission form must be completed for each sport, each season.

Name: _____ (Print Clearly) Grade: _____

School Year: _____ Circle: High School Middle School

Sport: _____ Circle: Fall Winter Spring

Parent Consent

I hereby give my consent for my child to participate in the school sponsored athletic program. I further accept full responsibility for the acts of my child and hereby release the Delsea Regional School District from all liability resulting from participation in this program. In addition, I give permission to the District Licensed Athletic Trainer to disclose medical information to other medical professionals as necessary, as well as board approved coaching staff when needed via e-mail, telephone, or face-to-face conversation. While it is extremely rare, I realize there is the risk of serious injury, disability, or even death.

NJSIAA Steroid Testing Policy – Consent to Random Testing

My signature below indicates that I consent to random testing in accordance with the attached NJSIAA steroid testing policy. I understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, that student may be subject to testing for banned substances.

Concussion Policy Acknowledgement

My signature below indicates that I have reviewed and understand the attached Sports-Related Concussion and Head Injury Fact Sheet.

Sudden Cardiac Death in Sports Acknowledgement

My signature below indicates that I have reviewed and understand the attached Sudden Cardiac Death in Young Athletes Fact Sheet.

Student Agreement

My signature below indicates that I recognize that it is a privilege and not a right to participate in interscholastic athletics. I am aware of the academic and athletic demands and responsibilities that must be met in order to participate. I agree to abide by the rules of the NJSIAA, the Tri-County Conference, and the Delsea Regional School District. I also agree to abide by the Code of Conduct developed by my coaching staff. While it is extremely rare, I realize there is the risk of serious injury, disability, or even death.

Parent/Guardian (Print Clearly)

Parent/Guardian Signature

Date

Student-Athlete Name (Print Clearly)

Student-Athlete Signature

Date