

**Bridgewater-Raritan Middle School District
Club Sports and Travel Sports Permission Form**

Request for Enrollment: Homeroom: _____ Male / Female

I _____, a student of the Bridgewater-Raritan Regional
(name of student)
School District in the _____ at Bridgewater-Raritan Middle School, hereby request that I be
(grade)
enrolled as a candidate for a place on the _____ team of the
(name of club sport/travel sport)
aforementioned school.

Signature of Student: _____ Date: _____

Acknowledgement of Physical Hazards:

The undersigned hereby acknowledge that participation in athletics involves an inherent potential for injury. Further the undersigned acknowledge that even with the best coaching, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

The Board of Education provides excess-coverage insurance for all student athletes. Such excess-coverage generally provides for coverage beyond the initial coverage provided by your home, private or business insurance.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Consent of Parent/Guardian:

I _____, as the parent/guardian of _____
(name of student)

hereby give consent to the participation of said student on the _____
(name of club sport/travel sport)

team at Bridgewater-Raritan Middle School. I hereby certify that he/she was born

_____/_____/_____ in _____, _____. I am advised
(month) (day) (year) (city) (state)

student-athletes are held responsible for the athletic equipment and uniforms owned and issued to them by the school district. Parent/Guardian gives permission for school personnel to contact my child by cell phone if necessary.

Signature of Parent/Guardian: _____ Date: _____

**Bridgewater-Raritan Middle School
Emergency Information/Medical Clearance Form**

Name: _____ Student #: _____

Age: _____ Grade: _____

Address: _____ Sport: _____

Home Telephone: _____

Parent(s)/Guardian(s): _____

Work Telephone: _____ Relationship: _____

Work Telephone: _____ Relationship: _____

Emergency Telephone: _____ Relationship: _____

Family Physician: _____

Physician Telephone: _____

Insurance Company: _____ Policy #: _____

In the event of serious injury and your family doctor cannot be contacted, and if we are unable to contact one or the other parent, does the coaching staff/athletic trainer have your permission to seek medical attention from the nearest physician?

_____ Yes _____ No

If the answer is NO, please state the procedure you wish the coaching staff/athletic trainer to follow:

Parent Signature: _____ Date: _____