



# Edison Township School District

Thomas Jefferson Middle School  
450 Division Street, Edison, NJ 08817

Tel: (732) 650-5290  
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Antoinette Emden, *Principal*  
Kenneth Saggese, *Vice Principal*  
Nicholas Zecchino, *Vice Principal*

[www.edison.k12.nj.us/domain/12](http://www.edison.k12.nj.us/domain/12)  
Kimberly McCoy, *Head Guidance Counselor*

## **ATHLETIC ACKNOWLEDGEMENT** **AND CONSENT FORMS** **(Please Print and Bring to First Day of Practice)**

Student's Name (print): \_\_\_\_\_ Student Id #: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport: \_\_\_\_\_ Season (Circle): Fall Winter Spring Year: 20\_\_\_\_\_

Each document listed below must be read/viewed by each parent/guardian and student. Please print and return this form to your coach on the first day of practice. If you have any questions or concerns, please contact the athletic supervisor, Jeffrey DiCocco at [Jeffrey.Dicocco@edison.k12.nj.us](mailto:Jeffrey.Dicocco@edison.k12.nj.us)

### PARENTS - PLEASE INITIAL

1. \_\_\_\_\_ I have read and understood the [Parent Permission Form 14B](#).
2. \_\_\_\_\_ I have read and understood the [Student Accident Insurance and Comprehensive Insurance Information](#).
3. \_\_\_\_\_ I have read and understood the [Sports-Related Concussion and Head Injury Fact Sheet](#).
4. \_\_\_\_\_ I have read and understood the [Sudden Cardiac Death Acknowledgment Pamphlet](#).
5. \_\_\_\_\_ I have watched and understood the [Opioid Educational Video](#).
6. \_\_\_\_\_ I have read and understood the [Opioid Use and Misuse Educational Fact Sheet](#).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian - Print Name: \_\_\_\_\_

Parent/Guardian Contact Number: \_\_\_\_\_