

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SPORT \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (IN SEPT. 2022)

STUDENT ID # \_\_\_\_\_ TRANSFER STUDENT: NO / YES IF YES, FROM WHERE? \_\_\_\_\_

PLEASE CIRCLE: MALE / FEMALE

### ATHLETIC OBLIGATIONS

I UNDERSTAND THAT IN ORDER TO PARTICIPATE, I/WE MUST:

1. **Have this form signed by my parent or guardian, giving their approval for participation.**
2. Submit a complete **PHYSICAL PACKET** given by a physician licensed to practice medicine and a **HEALTH HISTORY UPDATE QUESTIONNAIRE**. Or have a valid **PHYSICAL** on file and submit a **REPEATER PACKET**.
3. Be eligible according to the NJSIAA and East Brunswick Public School rules.
4. Agree to obey all athletic eligibility rules and policies, including those pertaining to practice periods as established by the coaches, and to conduct myself at all times in a manner in which reflects favorably on myself, my school, and my teammates.
5. Tryouts/Practices/Athletic Events will be held during school vacations and non-school days. All potential team members/roster athletes at all levels are to be in attendance. Missing any days will result in dismissal from the team unless the Head Coach has given prior approval.
6. Pay the required activity fee (\$50.00) prior to tryouts as well as any prior outstanding balances for district fees.

### RISK/INJURY POTENTIAL

Student - I have read ALL of the enclosed material and fully understand my responsibility to my team and to myself. I grant permission for school personnel to render necessary first aid and follow up care in the event of injury.

Parents - My son/daughter has read ALL of the enclosed material, fully understands his/her responsibilities, and has my permission to participate. I/We realize that such activity involves the potential for injury which is inherent in all sports, and acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I give school personnel permission to provide emergency care, as necessary, in the event of injury and follow up care as needed.

**My son/daughter and I have read, understand and agree to the information contained within this packet including:**

- |  |   |
|--|---|
| 1. Athletic Obligations                            | 6. Need and Procedure for Proper Hydration              |
| 2. Risk/Injury Potential                           | 7. Sports-Related Concussion and Head Injury Fact Sheet |
| 3. Steroid Testing Consent                         | 8. Sportsmanship Policy                                 |
| 4. East Brunswick Public Schools Eligibility Rules | 9. Sports-Related Eye Injury Pamphlet                   |
| 5. Sudden Cardiac Death in Young Athletes Pamphlet |   |

**In addition, my son/daughter and I have read, understand and agree to the information contained within the Athletic Parent handbook, which can be accessed at [www.ebnet.org/athletichandbook](http://www.ebnet.org/athletichandbook).**

**I further understand that I will be notified by email to the email address provided of my son's/daughter's approval/disapproval of participation within 15 business days from receipt of the packet. If you do not receive a response within 15 business days, please contact the Athletic office directly at (732) 613-6930.**

Parent/Guardian Email Address: \_\_\_\_\_

X \_\_\_\_\_  
Signature of Student

X \_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### RETURN WITH COMPLETED ATHLETIC PHYSICAL PACKET

For OFFICE Use Only:  Payment/Online Reg  Physical/Update Form  Signature Page Rcv'd by: \_\_\_\_\_ Date: \_\_\_\_\_ 4 \_\_\_\_\_