

Cedar Drive Middle School

Health Office  
732-946-0055 ext. 4502  
Fax 732-365-1002

**PERMISSION**

**TO ENGAGE IN SPORT TEAMS or ATHLETIC INTRAMURALS**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

SPORT \_\_\_\_\_ or INTRAMURAL \_\_\_\_\_

- I hereby give my consent for my child to participate in the athletic program conducted by Cedar  
o Drive Middle School.
- I understand that my child will be attending all practices and games during the season. I assume responsibility for providing transportation for my child promptly at the designated time.
- I recognize that my son/daughter must have a comprehensive examination recorded on the appropriate form prior to participation on any sport team / intramural. In addition, a comprehensive medical history must accompany the student / athlete at the time of the physical. Both forms must be signed by the examining physician and filed with the nurse's office.
- In the event that an injury occurs, I will assume all responsibility and expense through my own insurance company or the elective school insurance.
- I understand the N.J.A.C. 629.6.4 necessitates inclusion of a "cautionary" statement: Realizing that such an activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, the use of the most protective equipment, and strict observance of the rules, injuries are still a possibility. On rare occasion, these injuries can be so severe as to result in total disability, paralysis, or even death. I acknowledge / understand this warning.
- I give my permission for emergency treatment for injuries sustained in any sport activity.
- It is assumed that the school authorities will use care in arranging means of transportation and insist that the participant use the means selected.

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT / GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_