

## 2025-2026 Crockett Volleyball Program



We are excited to offer our student-athletes the opportunity to participate in **Crockett Middle School Winter Volleyball.**

Thank you for your interest and welcome to this exciting program.

### The following outlines our Winter Volleyball Program:

- Practice will run two days a week after school during **January and February.**
- Practice will be held from 3:15 pm - 4:45 pm. Specific dates and times will be determined at the beginning of the season.
- Transportation will be offered.
- Student-athletes are expected to dress appropriately to participate.
- Student-athletes **MUST** be in Good Standing (as per District Code of Conduct) to participate and remain in the sports program.

### **IMPORTANT!**

If you think you might like to be part of the Middle School Volleyball Program please follow the steps below to locate the **Sports Form** on the CMS website:

- Complete Parent Permission Form
- Return Parent Permission Form to the nurse
- Nurse will distribute any required additional forms
  - If your son or daughter completed a sports form for Fall Track **AND if the physical is valid,** you will **ONLY** need to complete the Permission Form and Updated Health History Form
  - The nurse may determine (based on the fall physical date) whether or not a new packet needs to be completed.

Parent Permission form is due to the nurse **No Later Than Nov. 25th.** (Forms will not be accepted after this date). If you need to schedule a physical, this and any other forms are due back to the nurse no later than **December 12, 2025.**

Anyone returning their participation form will be invited to the Volleyball Google Classroom with further instructions for participation. If you have any questions, please do not hesitate to contact the Health Office at extension 3617.

**HAMILTON TOWNSHIP SCHOOLS  
DEPARTMENT OF STUDENT SERVICES AND PROGRAMS  
OFFICE OF SCHOOL HEALTH SERVICES  
Parent Permission for Student Athletics Participation Medical History**

<hr/> Student's Last Name	<hr/> First Name	<hr/> School/Grade	<hr/> Birth Date
<hr/>			
<hr/> Sport	<hr/> Signature of Student Athlete	<hr/> Date	

The school's athletic program is an integral part of the curriculum and school personnel have devoted great effort to assure that participating students are protected in every way possible. However, participation in athletics includes the risk of minor to severe injuries.

Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and regulations, report all physical problems to the coach or athletic trainer, follow a proper conditioning program and inspect protective equipment daily. Proper execution of skill techniques must be followed by every sport, and especially contact sports.

Please read and acknowledge each of the following statements.

- I consent to have my son/daughter represent his/her school in approved athletic activities except those excluded by the examining physician.
- I grant permission for my son/daughter to accompany the school team of which he/she is a member to out-of-town trips.
- In the event of an emergency requiring medical attention, I expect every reasonable attempt to be made to contact me. In case I cannot be reached, I grant permission for any immediate treatment deemed necessary by the attending physician and transfer of my son/daughter to a qualified medical facility. This authorization does not cover major surgery unless formally decreed prior to surgery by two licensed physicians or dentists.
- I agree not to hold the school, or anyone acting on its behalf, responsible for any injury occurring to my son/daughter in the proper course of such athletic activities or travel.
- I acknowledge that there are risks of physical injury involved in athletic participation which may result in minor to severe injury.
- I acknowledge that this activity is voluntary.
- I grant permission for my son/daughter to participate in pre-concussion testing prior to the start of practice and for post-concussion testing if applicable. (Mandatory to participate in contact and moderate contact sports.)

Medical examinations are to be completed by the student's physician. Reports must be made by the private physician on the Athletic Pre-participation Physical Examination Form approved by the Commissioner of Education and provided by the board of education. Students that do not have a private physician may request an examination by the school physician. All examinations must be completed within 365 days of the first day of practice.

I understand that the student athlete must refrain from practice or play while ill or injured, whether or not receiving medical treatment and during medical treatment until he or she is discharged from treatment. A signed statement from the attending physician is required for reentry.

I have read the Bulletin to Parents regarding competitive athletics on the back of this sheet.

In my opinion, there is no physical reason to prevent my son's/daughter's participation in the competitive athletics program. I therefore, give my permission for participation if he/she is approved by their physician and the school medical inspector and has appropriate documentation.

<hr/> Signature of Parent/Guardian	<hr/> Home Phone	<hr/> Work Phone	<hr/> Cell Phone	<hr/> Date
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