



Athletic Department

Jason Morrell – Athletic Director

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ATHLETIC PARTICIPATION SIGN OFF SHEET

Please sign at the bottom of this form after careful review. Your signature represents that you acknowledge and accept all language represented on the following forms. You can find these forms on our school website and additional copies may be obtained in the Athletic Office. *All other attached forms must be filled out, signed and handed in to the Nurse's Office.*

THIS FORM MUST BE RETURNED TO THE ATHLETIC DEPARTMENT PRIOR TO PARTICIPATION

- **I, the parent/guardian of the named student, give my son/daughter permission to participate in all sports at West Deptford High School.**
- **Random Alcohol and Drug Testing Program Student Consent Form** (I have read the form/s and agree to all rules)
- **West Deptford District's Concussion Procedures & Guidelines for Return to Competition** (I have read the form/s and agree to all rules)
- **Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgment Form** (I have read the form/s and agree to all rules)
- **NJSIAA Steroid Form** (I have read the form/s and agree to all rules)
- **ImPACT Testing Instructions – For first time WDHS athletes.** (I have read the form/s and agree to all rules)
- **ImPACT Consent Form** (I have read the form/s and agree to all rules)
- **Sudden Cardiac Death Pamphlet** (I have read the form/s and agree to all rules)
- **Use and Misuse of Opioid Drugs Fact Sheet** (I have read the form/s and agree to all rules)
- **NJSIAA Opioid Video** (We have, student and parent, viewed the NJ CARES education video on the risks of opioid use. (Video can be found on the NJSIAA website under "Important Documents" & also on the WDHS Athletic website.)
- **Sport Physical Information: I understand that one complete physical is required each year (every 365 days) in order for my son/daughter to participate in sport. All physicals must be reviewed by our school doctor prior to participation in practices or competitions.**
- **Sport Physical Information: I understand that prior to each season (within the 365 days) a Health History Update Interim Form must be completed and turned in to the Nurse's Office.**
- **Equipment: All issued equipment is expected to be returned. Students whose equipment is LOST or STOLEN will be expected to PAY FOR IT; failure to do so will result in the student not participating in athletics until the equipment is accounted for.**
- **Injury Warning: I realize that such activities involve the potential for injury. Even with the use of reasonable care in coaching, protective equipment and observance of rules, physical hazards and injuries are possible. On rare occasions these physical hazards and injuries could result in total disability, paralysis, or even death.**
- **Insurance: Parents should be aware that student insurance coverage is limited by the terms and conditions of the policy and by the principle that payments are made only up to Usual and Reasonable Expenses. The latter means that doctors' fee and prices are not to exceed those generally charged in the locality for particular types of injuries and/or procedures.**
- **Academic Eligibility: In order to be academically eligible to participate in athletics, a students must have earned the following during each academic year: 15 credits at the conclusion of the 1st semester to participate in spring sports, and 30 credits at the conclusion of the 2nd semester (including summer school) to participate in sports during the 1st semester of the following school year.**

Print Student's Name: _____ Grade: _____ Sport(s): _____

Student Signature

Date

Parent/Guardian Signature

Date