

SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS ATHLETICS: SPORTS PARTICIPATION CARD
SPFHS [] PARK [] TERRILL [] MAGNET SCHOOL [] OTHER [] _____ FORM:6/87

This form must be filled out completely and accurately. It must then be signed before a student becomes a candidate for participation in any interscholastic sport of the Scotch Plains-Fanwood Public Schools.

PART 1 - STUDENT PARTICIPATION FORM (TO BE FILLED OUT AND SIGNED BY CANDIDATE)

NAME _____ ADDRESS _____

DATE OF BIRTH _____ PHONE _____ GRADE _____ NAME OF SPORT _____

I, _____, hereby agree to conduct myself in an appropriate and acceptable manner according to
 (Name of Student)

the laws of the State and the rules and requirements of my school and coaches as a member of a Scotch Plains-Fanwood interscholastic team and/or extra-curricular and intramural activity. I recognize that I have accepted a challenge to be the best I can be by my participation in this activity. Excellence is a goal. I further recognize that I am a representative of the Scotch Plains-Fanwood System. I, therefore, also agree that any "substance abuse" (including, without limitations, use of drugs; alcoholic beverages; smoking and use of tobacco and/or any substance prohibited by and contrary to law) on or off school property as well as conduct contrary to law and/or school rules and rules of my coach may result in my dismissal from the above activity at the discretion of my coach and/or the school administration. Further, I agree to be responsible for and will return all equipment issued to me or pay for that portion lost or unduly damaged. I have received a copy of the team rules and regulations and understand what is expected of me.

DATE _____ STUDENT'S SIGNATURE _____

PART II - PARENTAL APPROVAL SECTION (TO BE FILLED OUT AND SIGNED BY PARENT OR GUARDIAN)

Realizing that such activity involves the potential for injury which is inherent in all sports, I/we 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/we acknowledge that I/we have read and understand this warning. I have received a copy of the team's rules and regulations from my son/daughter and understand the content.

THE ACCIDENT INSURANCE COVERAGE FOR ALL SCOTCH PLAINS-FANWOOD INTERSCHOLASTIC SPORT ACTIVITIES IS PURCHASED BY THE BOARD OF EDUCATION. THE SCHOOL PROVIDES COVERAGE ON AN "EXCESS-BASIS" ONLY. THIS MEANS THAT IT WILL COVER ONLY THOSE MEDICAL EXPENSES WHICH ARE "NOT" COVERED BY YOUR OWN PERSONAL OR GROUP INSURANCE. SHOULD YOUR SON/DAUGHTER REQUIRE CARE OR A MEDICAL EXAMINATION BY A PHYSICIAN FOR A SCHOOL BASED ATHLETIC INJURY, THE COACH DIRECTLY RESPONSIBLE TO THE ATHLETE SHOULD FILE AN ACCIDENT REPORT WITH THE TRAINER, WHO, IN TURN, WILL COMPLETE A "CLAIM FORM" FOR YOU TO FILE. THIS "CLAIM FORM" WILL EXPLAIN THE PROCEDURES FOR FILING A CLAIM WITH THE "SCHOOL INSURANCE COMPANY".

DATE _____ PARENT/GUARDIAN SIGNATURE _____

PART III - ATHLETIC REGISTRATION/EMERGENCY INFORMATION

[PLEASE PRINT]

NAME OF SPORT--FALL: _____ WINTER: _____ SPRING: _____

NAME _____ MALE _____

NAME _____ FEMALE _____ HOMEROOM _____ GRADE _____

[LAST] [FIRST] ADDRESS _____ PHONE _____

[STREET] [TOWN] [ZIP]

STUDENT'S DATE _____ STUDENT'S PLACE _____

OF BIRTH [MONTH] [DAY] [YEAR] OF BIRTH [TOWN] [STATE]

.....

PARENT/GUARDIAN _____ BUSINESS PHONE _____

WHEN PARENT/GUARDIAN CANNOT BE REACHED AT THE ABOVE NUMBERS, PLEASE CALL:

EMERGENCY CONTACT _____ RELATION _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

* * * * *

FILL OUT THIS SECTION ... ONLY IF YOU ARE CURRENTLY A HIGH SCHOOL STUDENT OR YOU WILL BE AN INCOMING STUDENT

DATE OF FIRST ENROLLMENT IN A NINTH GRADE? STATE YEAR OF ENROLLMENT..... _____

IF TRANSFER STUDENT PLEASE STATE FROM WHAT SCHOOL TRANSFERRED?

[SCHOOL] [TOWN] [STATE]

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ELIGIBILITY RULE HIGH SCHOOL STUDENTS ONLY: STUDENT MUST SUCCESSFULLY PASS 13.75 CREDITS IN THE 1ST SEMESTER TO BE ELIGIBLE FOR SPRING SPORTS. STUDENTS MUST ACCUMULATE 27 1/2 CREDITS DURING THE PRIOR SCHOOL YEAR TO BE ELIGIBLE FOR FALL AND WINTER SPORTS.

--COMPLETE BOTH SIDES--

*****BOTH SIDES MUST BE COMPLETED*****

(THE COACH WILL KEEP THIS CARD)

DEAR PARENT/GUARDIAN

FOR THE SAFETY OF YOUR CHILD, LIST ANY HEALTH INFORMATION YOU WOULD LIKE THE COACH AND ATHLETIC TRAINER TO KNOW. (BE SURE TO INCLUDE ALLERGIES TO MEDICATION, ENVIROMENTAL ALLERGIES, CURRENT MEDICATIONS BEING TAKEN, AND CHRONIC ILLNESS.)

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE IF 18 YRS. OR OLDER

DATE

FOR OFFICE USE ONLY:

VERIFICATION OF:

| | |
|-------|------------------------------------|
| _____ | PHYSICAL EXAM |
| _____ | HEALTH HISTORY QUESTIONNAIRE |
| _____ | 60 DAY HEALTH HISTORY |
| _____ | NJSIAA STEROID TESTING POLICY FORM |
| _____ | SPORT PARTICIPATION CARD |
| _____ | APPROVED SCHOOL DOCTOR |
| _____ | ENTERED ON COMPUTER |

COMMENTS:
