

LINDEN PUBLIC SCHOOLS

Linden, New Jersey 07036

SPORTS PERMIT

Previous Sport (Circle One)

Football Soccer

Volleyball Cross Country

Tennis Wrestling

Basketball Track

Bowling Cheerleading

Student-Athlete's Name (PRINT Clearly)

Sport

Date

I/we, the undersigned, give my permission to _____ to participate in sports for the season of _____. I/we understand the insurance coverage is my/our obligation.

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 observation 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/we give permission for the complete physical examination required prior to tryout/participation in this sport, to be given either by the school physician or our own physician. I hereby confirm that my Son/Daughter lives within the boundaries established for our school district.

(Signature) _____
Parent/Guardian

I, _____ a student in the Linden Public Schools, hereby request permission to try out for _____ during the season of _____.

Realizing that such activity involves the potential for injury which is inherent to all sports, I 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 acknowledge that I have read and understand this warning.

I further promise to abide by all the rules and regulations set forth by the coach. All equipment that was issued to me will be turned in at the end of the season, or upon my leaving the squad and I will make full payment, immediately to the Director of Athletics for any missing equipment.

(Signature) _____
Student-Athlete

Date of Birth _____

Place of Birth _____

Height _____ **Weight** _____

Family Physician _____

Physician's Telephone _____

Address _____

Grade _____

Home Telephone _____

Parent/Guardian Cell _____

Emergency phone # (not parent) _____

REMINDER – Student-Athletes must pass 27.5 credit hours per school year (30 beginning with the Class of 2014) to be eligible for Athletic Participation

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HEALTH HISTORY UPDATE FOR ATHLETIC PARTICIPATION

To participate on a school athletic squad or team, each candidate whose medical examination was completed more than 60 days prior to the first practice session shall provide a health history update of medical problems experienced since the last medical examination. This shall be completed and signed by the parent.

STUDENT _____ BIRTHDATE _____

SCHOOL _____ GRADE _____

ADDRESS _____ HOME PHONE _____

DATE OF LAST MEDICAL EXAMINATION _____ MALE FEMALE

Since the last medical examination, the above named child has experienced the following changes (please explain in full, any "YES" answers, including dates):

- | | | |
|---|-----|----|
| 1. HOSPITALIZATION/OPERATIONS | YES | NO |
| 2. ILLNESSES | YES | NO |
| 3. INJURIES | YES | NO |
| 4. CARE ADMINISTERED BY A PHYSICIAN, ADVANCED PRACTICE NURSE OR PHYSICIAN'S ASSISTANT | YES | NO |
| 5. MEDICATIONS | YES | NO |

DATE

SIGNATURE OF PARENT/GUARDIAN

**ANY CHANGES IN STATUS MUST BE REVIEWD BY THE SCHOOL
PHYSICIAN/MEDICAL PROVIDER**

**PLEASE RETURN THIS FORM TO THE HEAD SCHOOL NURSE LOCATED IN THE
ACADEMY BUILDING**