

Ewing Athletics



ATHLETIC FORMS ACKNOWLEDGEMENT SIGNATURE PAGE

I _____ (print name) am acknowledging that I have read the following forms that inform me of the safety and well-being of my child as it pertains to athletics at Ewing High School. For EHS athletes, I am also granting my permission for my son/daughter to use the weight room throughout the school year as long as their physical remains current.

By signing this form, I confirm that I have read and reviewed the information below with my child. We agree to abide by these policies as a member of a Ewing Township Schools Athletic Team. We understand that non-compliance may warrant dismissal from the team at any time based on the discretion of the coach and/or administration.

1. The NJSIAA Steroid Testing Policy
2. The Sports Related Concussion and Head Injury Fact Sheet
3. The Sudden Cardiac Death in Young Athletics
4. Code of Ethics and Guidelines for Athletes
5. Ewing Student Athlete Contract
6. Parent Code of Conduct

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

Sport

Boys Girls
(Please circle one)

Grade