

Ewing Athletics



PERMISSION TO ENGAGE IN ATHLETICS

Student's Name _____ I.D.# _____ Grade _____

TO THE PARENT/GUARDIAN:

Your child wishes to try for a place on the team representing the school in the following athletic program: _____. 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. If he/she has your permission to engage in the above noted sport, please fill out the questionnaire, sign the statement and return this form with the physical forms.

Was a physical examination given to your child in school this year? ___Yes___No

If so, for what reason? ___Sport Physical___Routine Physical___Other

Is your child covered by health and accident insurance? ___Yes___No

If so please give the name of your insurance company: _____

TO THE PRINCIPAL:

I hereby consent to the participation of my child in athletics and concussion baseline testing conducted by the school authorities and to his/her participation in the games with other schools as a member of the team. I shall assume all responsibility and expense not covered by my insurance and the school's athletic insurance for any injury received by my child while in practice or participating in any game or travel to and from game.

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 have read and understand this warning.

I do hereby release and hold harmless the said school doctors, the Ewing Township Board of Education, the administration officials, teachers, school nurse, coaches and staff, or their representatives, from any and all suits, damages and demands arising out of any injuries sustained or suffered by my child while engaged in the athletic activity.

(Date)

(Signature of Parent/Guardian)