



Secaucus High School

Paul Amico Education & Athletic Complex
11 Millridge Road
Secaucus, NJ 07094
Athletic Department



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ATHLETIC CONSENT AND AGREEMENT

Must be completed and returned before athletic participation.

I UNDERSTAND THAT IN ORDER TO PARTICIPATE, I/WE MUST:

1. Have this form signed by my parents/guardians and me, giving approval for participation.
2. Have the "Medical Release Card" completed and signed by a parent/guardian. (attached)
3. Attach a completed NJ Department of Education Participation Physical Exam OR History Health Update.
4. Be eligible according to the New Jersey State Interscholastic Athletic Association (NJSIAA) and the Secaucus School District.
5. Agree to and obey all athletic eligibility rules and policies, including those established by the coaches, and to conduct myself at all times in a manner which reflects favorably on myself, my school and my teammates.
6. Understand that tryouts, practices and athletic events will be held during school vacations and non-school days. All potential team members and roster athletics at all levels are expected to be in attendance. Missing any days may result in dismissal from the team unless the Head Coach has given prior approval.

****ALL OF THE FOLLOWING FORMS AND POLICIES ARE AVAILABLE ON THE DISTRICT WEBSITE www.sboe.org (under "Schools" then to "High School", then to "Athletics" then to "Forms") OR A HARD COPY WILL BE PROVIDED BY MRS. SCHEINER IN GUIDANCE****

PLEASE INITIAL:

- ____ 1. I have read and understand the Permission Form for Athletic Participation.**
- ____ 2. I have read and understand the Sports-Related Concussion and Head Injury Fact Sheet.**
- ____ 3. I have read and understand the Sudden Cardiac Death Acknowledgement Pamphlet.**
- ____ 4. I have read and understand the Opioid Use and Misuse Educational Fact Sheet.**
- ____ 5. I have read and understand the Sports-Related Eye Injury Fact Sheet.**

BY SIGNING THIS AGREEMENT I AM ACKNOWLEDGING THAT I HAVE REVIEWED AND WILL ABIDE BY THE ABOVE PROCEDURES:

PRINTED NAME OF STUDENT-ATHLETE

SIGNATURE OF STUDENT-ATHLETE

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

RETURN THIS SHEET WITH PHYSICAL/HEALTH UPDATE AND CARD to MRS. SCHEINER IN HIGH SCHOOL GUIDANCE