

**Carteret Public Schools-Department of Athletics**

***Athletic Agreement/Emergency Contact Information for Student-Athlete and Parent***

**Please read both sides of this form.**

**Please return forms to your coach.**

**PLEASE PRINT ALL INFORMATION, EXCEPT WHERE SIGNATURES ARE REQUIRED**

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Last First Middle

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth City/State: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

**Grade as of September:** 2018 9 10 11 12

Are you a transfer student? No \_\_\_\_\_ Yes \_\_\_\_\_

**If yes**, date enrolled in CHS: \_\_\_\_\_ Previous School: \_\_\_\_\_

**While you were in 7<sup>th</sup>/ 8<sup>th</sup> grade did you ever practice/compete on a high school team? Yes \_\_\_ No \_\_\_**

**STUDENT-ATHLETE EXPECTATIONS**

I hereby request permission to enroll as a candidate for the (**Sport**) \_\_\_\_\_ team during the 2018-2019 school year. **I understand that in order to participate, I must:**

1. Be academically eligible according to the New Jersey State Interscholastic Athletic Association and the Carteret School District Policy. This means you must have passed 30 credits at the end of the school year (for fall and winter sports) and 15 credits at the end of the first semester (for spring sports). Incoming freshmen are eligible for fall sports but their grades will be reviewed for winter sports eligibility. Please contact the athletic director if you have any questions regarding any area of athletic eligibility.
2. Have on file in the Athletic Office a copy of this form signed by my parent/guardian giving approval for my participation.
3. Pass a Physical Examination given by your physician and submit the medical History Form, Physical Examination Form and Clearance Form OR complete a Health History Update Questionnaire if the physical exam was completed more than 90 days prior to the first day of official practice.
4. Complete the Carteret School District Emergency Medical Information Form.
5. Read the NJSIAA's Steroid Testing Policy, the Sports-Related Concussion and Head Injury Fact Sheet, the Sudden Cardiac Death in Young Athletes Pamphlet and the Sports-Related Eye Injuries Fact Sheet. Read the Opioid Drugs Fact Sheet and complete the sign-off sheet. **All this paperwork can be located on the school website under Athletic Department).**
6. Agree to follow all rules and regulations outlined by the CHS Student Handbook as well as those expectations discussed with your coach.
7. Attend all practices and games as scheduled by the coaching staff and Athletic Director.
8. Conduct myself in a manner that reflects good sportsmanship at **all times both on the athletic field and off.**
9. Refrain from drug, alcohol or tobacco use.
10. Refrain from hazing, taunting, or physical confrontations with opponents and teammates.
11. Maintain regular and consistent attendance, report to school and classes on time and maintain passing grades.
12. Be responsible for the care and safe return of all school property issued to me.

**\*\*\*OVER\*\*\***

I hereby consent for my child/ward \_\_\_\_\_ to compete in  
(Sport) \_\_\_\_\_ for the **2018-2019** season and for him/her to go with the coach on any scheduled trips as a member of the team. I will assume financial responsibility for the return of all school property issued to him/her. I authorize, without limitation, to Carteret School District and anyone authorized by that organization the right to copyright, reproduce, exhibit, publish, distribute, and otherwise to use live or recorded on DVD, film or otherwise, my child's photograph, likeness, voice, performance and name in any and all media and may be used for promotional, non-commercial purposes and other uses.

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### **RISK/INJURY POTENTIAL**

Realizing that participation in interscholastic athletics involves the potential for injury which is inherent in all sports, we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict rule observance, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death. We acknowledge that we have read and understand this warning.

### **PARENT/GUARDIAN AND STUDENT CONSENT AND ACKNOWLEDGEMENT**

**We acknowledge that we have read and fully understand the rules and regulations as detailed in this Athletic Agreement/Emergency Contact Information Form, on the Carteret School District website and in the CHS Student Handbook. We also acknowledge that we have received and read the NJSIAA's Steroid Testing Policy, the Sports-Related Concussion and Head Injury Fact Sheet, the Sudden Cardiac Death in Young Athletes Pamphlet, the Sports-Related Eye Injuries Fact Sheet and the Opioid Drugs Fact Sheet.**

**Parent/Guardian Name (Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Name (Print):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_