



PARSIPPANY-TROY HILLS PUBLIC SCHOOLS

Athletic Department
Parsippany, NJ 07054



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ATHLETIC CONSENT AND AGREEMENT

(Must be completed and returned to the nurse 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 their approval for participation.
2. Have the "SPORTS Emergency Information Verification Form" completed and signed by a Parent/guardian.
3. Have submitted the completed NJ Department of Education Pre- Participation Physical Evaluation Form & Questionnaire **OR** Certification of Student Athletic Health History (available on-line)**
4. Be eligible according to the New Jersey State Interscholastic Athletic Association (NJSIAA) and the Parsippany-Troy-Hills School District.
5. Agree to and obey all athletic eligibility rules and policies, including those pertaining to practice periods and squads as established by the coaches, and to conduct myself at all times in a manner in 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 athletes 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 POLICES ARE AVAILABLE ON THE DISTRICT WEBSITE www.pthsd.k12.nj.us (Student Medical and Athletic Information) OR A HARDCOPY WILL BE PROVIDED AT THE HIGH SCHOOL NURSE'S OFFICE.**

1. The Parsippany-Troy Hills Permission Form and Parent/Student-Athlete Contract for Interscholastic Sports. (**KEEP THIS PAGE FOR YOUR RECORDS**)
2. The NJSIAA Steroid Testing Policy. (**KEEP THIS PAGE FOR YOUR RECORDS**)
3. The NJSIAA Parent/Guardian Concussion Policy Acknowledgement Form. (**MUST BE RETURNED WITH ORIGINAL SIGNATURES**)
4. The Sudden Cardiac Death in Young Athletes Facts Sign-Off Sheet. (**MUST BE RETURNED WITH ORIGINAL SIGNATURES**)
5. ****Parsippany-Troy Hills Township Schools "Media Release Permission Statement". (MUST BE RETURNED WITH ORIGINAL SIGNATURES)****

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 THE SPORTS EMERGENCY INFORMATION VERIFICATION FORM

"Achieving Athletic & Academic Excellence"

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student _____ Age _____ Grade _____

Date of Last Physical Examination _____ Sport _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes _____ No _____
If yes, describe in detail _____

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes _____ No _____
If yes, explain in detail _____

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes _____ No _____
If yes, describe in detail _____

4. Fainted or "blacked out?" Yes _____ No _____
If yes, was this during or immediately after exercise? _____

5. Experienced chest pains, shortness of breath or "racing heart?" Yes _____ No _____
If yes, explain _____

6. Has there been a recent history of fatigue and unusual tiredness? Yes _____ No _____

7. Been hospitalized or had to go to the emergency room? Yes _____ No _____
If yes, explain in detail _____

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes _____ No _____

9. Started or stopped taking any over-the-counter or prescribed medications? Yes _____ No _____
If yes, name of medication(s) _____

Date: _____ Signature of parent/guardian _____