

MORRIS SCHOOL DISTRICT ATHLETIC DEPARTMENT
ATHLETIC PARTICIPATION APPROVAL FORM

Name _____ Date of Birth _____ Grade _____

Address _____ Telephone _____

Sport

FOR THE STUDENT: I wish to participate in the above-indicated sport in the Morris School District. I am familiar with the eligibility code and will conduct myself at all times according to the rules and regulations of our school. I promise to take good care of all athletic equipment issued to me by the school and will return such equipment at the conclusion of the athletic season. I understand that I must pay for lost equipment for which I am responsible.

Date _____

Student Signature

(over)

**NOTICE TO PARENTS OF STUDENTS TRYING OUT FOR
INTERSCHOLASTIC SPORTS**

If your child is trying out for an interscholastic sport, the state of NJ requires that he/she be examined by his/her family physician. The family doctor's examination is required once for the entire school year. If you do not have a family physician, the school's doctor will provide the examination. The medical history updates (white cards) are required each time a student intends to participate in each additional sport.

Be certain that you and your child sign and date this **ATHLETIC PARTICIPATION APPROVAL FORM** and return it to the school nurse.

FOR THE PARENT: I approve of my child's participation in the above-indicated sport. All athletics are covered by school insurance, which is an excess policy that can be used only after the family health insurance had paid the portion that it covers. Please note that the rules of the New Jersey Board of Education require that the school district advise you, as a parent or guardian, of the possibility of physical hazard to your child. Your signature is acknowledgement of notification.

Date

Signature of Parent or Guardian

NOTE: At the time of the Medical Inspector's review a Blue card signed by the doctor indicating the results will be issued.