



Borough of Freehold Public Schools

INTERMEDIATE SCHOOL
280 PARK AVENUE
FREEHOLD, NEW JERSEY 07728
<http://www.freeholdboro.k12.nj.us>

PHONE 732.761.2100
FAX 732.761.2181

Freehold Intermediate School Consent for Athletic Activities

Student Name _____ Birth Date _____

Address _____ Home Phone _____

Emergency Contact Name & Phone Number _____

Homeroom _____ Grade _____ Coach _____

SPORTS PROGRAM: (Circle which apply) Soccer Basketball Track Softball Baseball

In order to be eligible to participate in the sports program, you must be eligible ACADEMICALLY as well as MEDICALLY. Please refer to the student handbook for rules of academic eligibility. To be medically eligible, you need to submit a signed PARENT CONSENT FORM AND A MEDICAL HISTORY FORM for each sport you participate in.

To be medically eligible, your last physical exam must be within 365 days of the first date of practice. You will be held from participation if you do not hand in all the appropriate forms prior to the start of the practice sessions. If you need a physical, you must make an appointment with your family physician or you can choose to have the school physician perform the physical during the summer as scheduled. If you are unsure about your last physical date, you are welcome to stop at the nurse's office to verify. It is YOUR responsibility to have these forms completed in a timely manner in order to participate. Do not wait until a week before the season to get everything together.

I HEREBY REQUEST CONSIDERATION FOR THE PLACEMENT IN THE ABOVE ATHLETIC PROGRAM AND I HAVE READ THE ELIGIBILITY RULES LISTED ABOVE.

DATE

STUDENT SIGNATURE

PARENT INFORMATION

I hereby give my informed consent for the participation of the above mentioned student in the activity or sports program listed, conducted by the school, against other schools, and within the school. I am aware that such activity involves the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of rules, injuries are still a possibility. On rare occasion these injuries can be so severe as to result in total disability, paralysis or even death. I acknowledge that I have read and understand this warning.

I certify that the answers to the medical history questionnaire are true and correct, and that the above named student does not suffer from any condition which to my knowledge will prevent his/her participation.

I give permission for the Freehold Borough coaching staff to seek medical treatment for my child in case of injury or illness which occurs while participating in school sponsored activities if I can not be reached.

DATE

SIGNATURE OF PARENT/GUARDIAN