

**INTERSCHOLASTIC
PERMISSION SLIP
2009 - 2010**

Player Name (Please print): _____ **Grade:** _____ **Circle one: M or F**

I hereby apply for the privilege of trying out for **Interscholastic** (name sport) **or Intramurals:**
_____ at William Davies Middle School for the 2009-2010 season.
I understand that this permission slip does not guarantee my selection to the interscholastic team.

Parental Consent

I give permission for _____ to tryout for Interscholastic (name sport) OR Intramurals (_____ at William Davies Middle School for the 2009-2010 season. If selected for the team, I realize that practices normally will take place after school until 3:30 p.m., and that he/she will be provided transportation on the activity bus (If I choose to pick up my child, I must sign him/her out in the main office). In the event of a game (or practice) that occurs outside of regular school hours, I realize that it is my responsibility to provide transportation for my child.

I am also aware that in _____ (name of sport/intramurals) there is an inherent risk of injury even when this sport is played in accordance with normal applicable rules. I agree to hold the Hamilton Township School District harmless of and from any and all liability for any injuries suffered by my child, which may be incurred in the ordinary course of practice and or play for this sport. Additionally, I give permission for my child to be taken to the closest hospital for treatment, in case of emergency, when I cannot be reached.

In addition, I understand and agree to the following State of NJ guidelines:

In accordance with **N.J.S.A. 5:17 -2 et seq.** Any person who:

1. Engages in verbal or physical threats or abuse aimed at any pupil, coach, official or parent; or
2. Any person who initiates a fight or scuffle with any pupil, coach, official, parent, or other person.

Shall be banned from being present at subsequent events if the conduct occurs at or in connection with a school sponsored youth event.

Furthermore, by completing this permission slip and signing the attached Student-Athlete contract, I acknowledge reading, understanding and accepting the conditions set forth on the permission slip and the Student-Athlete contract.

*****IMPORTANT*****

This completed permission slip, as well as the signed (Student and Parent/Guardian) Student-Athlete Contract and an updated state approved physical form (may be obtained from the school nurse) must be returned to the coach before the student is permitted to try-out for any sport.

Parent/Guardian Physical Consent

Please select one of the following choices:

_____ 1) **I do not give permission for my child to receive a physical from the school physician and I will make arrangements for him/her to receive a physical from a private physician.**

_____ 2) I am not aware of any physical conditions that would preclude my child from participating in a **sport since his/her last physical on:** _____ **(only valid for one year).**

_____ 3) **I give permission for my child to receive a physical from the school physician on: TBA**

Parent/Guardian signature: _____

(Return all forms by TBA to Ms. Mathis in the GYM during S.P.P. Period)