

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: 2021 9 10 11 12

Are you a transfer student from another school district? No ____ Yes ____

If yes, date enrolled in CHS: _____ Previous School: _____

While you were in 7th/ 8th 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 **2021-2022** 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 and the Athletic Acknowledgement Form signed by my parent/guardian giving approval for my participation and acknowledging all forms on the athletic website.
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. **Provide clearance from a physician if student-athlete has a pre-existing medical condition and/or are immunocompromised (e.g., diabetes, asthma, auto-immune disorders, etc.) Student-athlete will not be permitted to participate in workouts without the clearance.**
5. Complete the Carteret School District Emergency Medical Information Form.
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 bullying, 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 **2021-2022** 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.

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 the Sports-Related Eye Injuries Fact Sheet.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ **Date:** _____

Student Name (Print): _____

Student Signature: _____ **Date:** _____