

LINDENWOLD SCHOOL DISTRICT
ATHLETIC PARTICIPATION APPLICATION

SCHOOL YEAR _____

SCHOOL: LINDENWOLD HIGH SCHOOL
LINDENWOLD MIDDLE SCHOOL

SPORT _____ Approved [] Denied []

NAME _____ AGE _____ GRADE _____ HOMEROOM _____

ADDRESS _____ DATE OF BIRTH _____

CITY/STATE OF BIRTH _____

HOME PHONE # _____ EMERGENCY PHONE # _____

I hereby apply for the privilege of trying out for the above-named sport(s). I recognize my responsibilities, if I am accepted as a candidate. I will make a point to govern myself in such a way as to bring honor to the sport and to my school I expect to be asked to withdraw from the team if I do not live up to these expectations I also accept the following responsibilities:

1. To train consistently and obey the training rules provided by my coach.
2. To keep up my studies.
3. To conduct myself at other schools so as to bring credit to my school
4. To take proper care of all equipment issued to me and return all such items at the close of each season, or pay for loss or negligent damage thereto.

Signature of Athlete _____

PARENT'S CONSENT FORM FOR SPORTS PARTICIPATION/SPORTS PHYSICAL

I/We give our permission for _____ to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I/We give permission for the medical information to be shared with the appropriate medical personnel of the school including the athletic trainer, coaches and school nurse.

I/We do hereby release said COACHES, ATHLETIC TRAINER, ATHLETIC DIRECTOR, SCHOOL NURSE, SCHOOL PHYSICIAN, PRINCIPAL, SUPERINTENDENT, and members of the LINDENWOLD SCHOOL DISTRICT BOARD OF EDUCATION, individually and as a corporate body of the State of New Jersey, from any and all liability for such personal injuries that may result, directly or indirectly from participation in any games/practice/transportation in said school.

I/We further agree that any accident or injury incurred while participating in such athletics or in practice thereof will be immediately reported in detail to the Athletic Trainer and the Coach in charge at the time of such accident. The proper accident report forms will be completed by the Athletic Trainer or in his/her absence the Coach in charge.

I/We agree to be financially responsible for all equipment issued to our son/daughter by the school. I/We understand that the school insurance policy is a secondary coverage and only goes into effect after the parent's coverage has paid or documented denial of coverage has been received by the LINDENWOLD BOARD OF EDUCATION office. I/We agree that the above child must have a physical examination prior to participation in sport/activity. The school physician will conduct physical examinations unless the physical examination is completed by your family physician.

I certify that I have read the consent form and that I consent for my child to participate in athletics.

Signature of Parent/Guardian _____ Date _____