

PLAYER ELIGIBILITY AND EMERGENCY INFORMATION

SCHOOL: _____

SCHOOL YEAR: _____

SPORT: _____

GRADE: _____

ATHLETE/STUDENT INFORMATION

NAME: _____

FIRST NAME

MIDDLE NAME

LAST NAME

MALE OR FEMALE: M _____

F _____

DATE OF BIRTH: ____/____/____

AGE AT LAST BIRTHDAY: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

CHECK THE GRADE YOU PARTICIPATED IN THIS SPORT:

7TH _____ 8TH _____ 9TH _____ 10TH _____ 11TH _____ 12TH _____

CHECK ANY GRADE THAT YOU HAVE HAD TO REPEAT ACADEMICALLY:

7TH _____ 8TH _____ 9TH _____ 10TH _____ 11TH _____ 12TH _____

PARENT & EMERGENCY CONTACT INFORMATION

MOTHER'S INFO:

FATHER'S INFO:

NAME: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL: _____

Contact Person if Parents are not available:

PHONE: _____

I HEREBY AUTHORIZE MY SON/DAUGHTER TO RECEIVE EMERGENCY MEDICAL TREATMENT IN CASE OF INJURY:

Signature: _____ Date: _____

TAPE A COPY OF YOUR MEDICAL INSURANCE CARD HERE

DO NOT STAPLE TO THIS FORM

JERSEY SHORE AREA SCHOOL DISTRICT

WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

BOTH THE APPLICANT STUDENT AND A PARENT OR GUARDIAN MUST READ CAREFULLY AND SIGN

Playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. The dangers and risks of playing or practicing to play/participate in the below marked sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, general health and well being. The dangers of and risks of playing or practicing to play/participate in the below marked sport may result not only in serious injury, but in a serious impairment of future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

STUDENT

Because of the dangers of participating in the below marked sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

In consideration of the Jersey Shore Area School District permitting me to try out for the _____ High School _____ (sport) team and to engage in all activities relating to the team, including, but not limited to, trying out, practicing, or playing/participating in that sport, I hereby assume all the risks associated with participation and agree to hold the Jersey Shore Area School District, its employees, agents, representatives, coaches and volunteers harmless of any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the _____ (school) High School _____ (sport) team. The terms hereof shall serve as a release of assumption of risk for my heirs, estate, executor, administrator, assignees and for all members of my family.

Signature of Student

Date

PARENT I, _____ (your name) am the parent/legal guardian of _____ (student). I have read the warning and release and understand its terms. I understand that all sports can involve RISKS OF INJURY, including, but not limited to, those risks outlined. In consideration of Jersey Shore Area School District permitting my child/ward to try out for the _____ (school) High School _____ (sport) team and to engage in all activities related to the team, including, but not limited to trying out practicing or playing/participating in _____ (sport). I hereby agree to hold the Jersey Shore Area School District, its employees, agents, representative, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any activities related to the _____ (school) High School _____ (sport) team. The terms hereof shall serve as a release for my heirs, estate, executor, administration, assignees and for all members of my family.

Signature of Parent

Date

SPORT (check applicable line)

___ FOOTBALL	___ SOCCER	___ BASKETBALL	___ WRESTLING
___ TRACK/CC	___ VOLLEYBALL	___ CHEERLEADING	___ GOLF
___ BASEBALL	___ SOFTBALL	___ TENNIS	___ SWIMMING

Each sport has injuries that are more common for their specific sport. The following sports, Wrestling, Volleyball, Tennis, Soccer, Football, Basketball, Baseball, Softball or Track have a sports specific safety notification sheet that explains these.

The sport specific notification agreement was explained to us and we understand the list of rules and procedures. We also understand the necessity of using the proper techniques while participating in the program. Sport

Signature of Student

Signature of Parent

Date

The following needs to be completed only if participating in football, wrestling, baseball or girls softball:

I specifically acknowledge that (indicate sport) _____ is a VIOLENT CONTACT SPORT involving even greater risk of injury than other sports. _____ (student Initial) _____ (parent Initial)