

BISHOP EUSTACE ATHLETIC DEPARTMENT

Permission & Release Form

(Please PRINT all information)

First Name: _____ Last Name: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

Medical Insurance Company: _____ Policy #: _____

Family Doctor: _____ Phone #: _____

Date of Birth: _____ Place of Birth (town/state): _____ Age: _____

If transfer, Name of previous school: _____ Year of transfer: _____

PLEASE CIRCLE THE ACTIVITY YOU PLAN TO PARTICIPATE

(one form needed each season)

Baseball	Cross Country	Golf	Soccer	Track & Field
Basketball	Crew	Ice Hockey	Softball	Weight Room
Bowling	Field Hockey	Lacrosse	Swimming	Summer Conditioning
Cheerleading	Football	Open Gym	Tennis	

WARNING STATEMENT: Participation in competitive athletics may result in severe injury, paralysis or death. Rule changes, conditioning programs, improved equipment, and observance by conscientious coaches have reduced these risks but it is impossible to totally eliminate such occurrences from athletics. Players can reduce the chance of injury by obeying all safety and sports rules, reporting all physical problems to their coaches and parents, following a proper conditioning program and inspecting their equipment daily. Damaged equipment must be replaced immediately. Even if all these requirements are met and even if the athlete is using protective equipment, a serious accident may occur.

INSURANCE COVERAGE: The Board of Trustees has purchased insurance coverage to protect all students against accidental injury while student is at school, or at approved school activities including participation in interscholastic sports. This insurance is excess coverage, i.e., it will pay those expenses not covered (including deductibles) by any other medical insurance you may have. Thus, you must submit all bills to your own insurance first. The school policy will pick up the unpaid balances up to the limits of the policy. In accordance with State Law, the Board of Trustees and Bishop Eustace Prep School is free of any liability for injury to a student in connection with any practice, game, contest, or in participation in any phase of the physical education program.

STUDENT'S STATEMENT: I _____ (printed student's name) request that I be enrolled as a candidate in activities representing Bishop Eustace Preparatory School. I understand that by the nature of the activities, physical hazards may be encountered and have read and understand the above warning statement. I also understand that I am fully responsible for all articles of school equipment issued to me.

I also understand conduct regulations prohibit the use of tobacco in any form, drinking, possessing or providing alcoholic beverages and/or use, possession, or providing illegal drugs including anabolic steroids, at any time. The violation of these regulations will be dealt according to the Bishop Eustace Prep School Student Handbook.

STUDENT'S SIGNATURE _____ **DATE** _____

PARENT'S STATEMENT: I _____ (printed parent/guardian's name) give my consent for my child to participate in the above listed sport during his/her school year. I am also willing that he/she take scheduled trips should he/she become a member of this sport. When required, I will have him/her examined by our family physician. I have received and read all the information regarding student participation in the interscholastic/co-curricular activities. I accept the responsibility to process the forms for any claims under school's Full Excess Insurance policy. I acknowledge that the use of alcohol, tobacco, illegal drugs and steroids is prohibited.

I am aware of the school's policies regarding fundraising and that no individual is permitted to take it upon themselves to organize or raise funds on the school's behalf without written authorization of the Headmaster. In addition, use of the school name and/or logo is reserved for the approval of the Administration. No one (student, parent, team, club, parents' association, etc) is allowed to reproduce the school's name without prior authorization. Any apparel including team, club and activity apparel that bears the school name and/or logo, must be purchased and approved through the school bookstore.

As a condition of participation in Athletics, I acknowledge that I have read and understand the above written Warning Statement. I hereby specifically release Bishop Eustace Prep School, its Board of Trustees, and its agents, teachers/coaches and employees from any and all claims or liability for personal injury, know or unknown, and injuries to property, real or personal, caused by, occurring in connection with, or arising from the above described sport activity. I also give permission, in case of injury during practice or game, for my son/daughter to receive medical treatment.

(Rev. 2/11/20)

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

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New Jersey Department of Education (NJDOE) & New Jersey Interscholastic Athletic Association (NJSIAA) Compliance Forms

Student Name: _____ Grade: _____ Sport: _____

Parent/Guardian's printed name: _____

Concussion Policy – Acknowledgement Form

We have read and reviewed the Concussion resources provided by Bishop Eustace Prep School, which are found on the school's website. We understand the signs and symptoms of concussions. We accept the risks associated with participating in athletics and understand the risk associated with continuing to participate after sustaining a concussion. We understand it is the athlete's or parent's responsibility to inform the Bishop Eustace Prep School staff if the athlete is experiencing any signs or symptoms of a concussion. We understand that only a physician trained in the management of concussions can clear an athlete to participate after sustaining a concussion and that Bishop Eustace officials, nurses, trainer, or coaches may not accept the recommendation of the student's personal physician and can request additional testing or evaluation. We agree to participate in the ImPACT Concussion Testing Program.

Student participant's signature _____ Date _____

Parent/Guardian signature _____ Date _____

NJSIAA Steroid Testing Policy – Consent to Random Testing

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy, which can be found on the Bishop Eustace website. We understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Student participant's signature _____ Date _____

Parent/Guardian signature _____ Date _____

Sudden Cardiac Death in Young Athletes – Sign-off Sheet

We acknowledge that we have accessed the on-line version of the "Sudden Cardiac Death in Young Athletes" pamphlet through the school's website and have reviewed it.

Student participant's signature _____ Date _____

Parent/Guardian signature _____ Date _____

Opioid Use and Misuse Educational Fact Sheet – Sign-off Sheet

We have viewed the NJ CARES educational video on the risks of opioid use for high school athletes. We understand the NJSIAA policy that requires students, and their parent(s)/guardian(s) if a student is under the age of 18, to view this video and sign this acknowledgment.

Student participant's signature _____ Date _____

Parent/Guardian signature _____ Date _____

Eye Safety for Athletes Pamphlet

We acknowledge that we have accessed the on-line version of the "Eye Safety for Athletes Pamphlet" pamphlet through the school's website and have reviewed it.

Student participant's signature _____ Date _____

Parent/Guardian signature _____ Date _____

New Jersey Department of Education Health History Update Questionnaire

Name of School:

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student: _____ Age: _____ Grade: _____

Date of Last Physical Examination: _____ Sport: _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes No
If yes, describe in detail:

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes No
If yes, explain in detail:

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes No
If yes, describe in detail.

4. Fainted or "blacked out?" Yes No
If yes, was this during or immediately after exercise?

5. Experienced chest pains, shortness of breath or "racing heart?" Yes No
If yes, explain

6. Has there been a recent history of fatigue and unusual tiredness? Yes No
7. Been hospitalized or had to go to the emergency room? Yes No
If yes, explain in detail

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes No
9. Started or stopped taking any over-the-counter or prescribed medications? Yes No
10. Been diagnosed with Coronavirus (COVID-19)? Yes No
If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes No
If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes No
11. Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)? Yes No

Date: _____ Signature of parent/guardian: _____

Please Return Completed Form to the School Nurse's Office