

OVERBROOK HIGH SCHOOL



SPORTS CHANGE FORM

School Year _____

ATHLETE'S NAME: _____ GRADE: _____ DATE: _____

CURRENT SPORT: _____ NEW SPORT: _____

ATHLETE'S AGREEMENT:

I hereby apply for the PRIVILEGE of trying out for the above mentioned sport. 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 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.
5. To obey all rules of the Pine Hill Board of Education and the NJSIAA.

PARENT'S CONSENT FORM FOR SPORTS PARTICIPATION:

I/we give our permission for our child 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 possibility. On rare occasion these injuries can be so severe as to result in total disability, paralysis or even death. I/we do hereby release said COACHES, ATHLETIC TRAINER, ATHLETIC DIRECTOR, SCHOOL PHYSICIAN, PRINCIPAL, SUPERINTENDENT and MEMBERS OF THE PINE HILL 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 my result directly or indirectly, from participation in any games/practices/transportation in said school. I/we further agree that any accident incurred while participating in such athletics or in practice thereof will be immediately reported in detail to the Athletic Trainer and the coach at the time such accident. The proper accident 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 Pine Hill Board of Education Office. I/we agree that said child must have a physical examination prior to participation in sport/activity. The student's home physician will conduct physical examinations using the Pine Hill Public School Protocol. I certify that I have read the consent form and that I consent for my child to participate in athletics.

PARENT/GURADIAN: _____ DATE: _____

(Please Print)

PARENT'S/GUARDIAN'S SIGNTURE: _____

STUDENT ATHLETE'S SIGNATURE: _____ DATE: _____