



Montgomery Township Schools
Department of Athletics
1016 Route 601 ~ Skillman, NJ 08558
Phone 609-466-7602 x4 ~ Fax 609-466-7696



Athletic Parental Consent Form

Student's Name _____ Sex: Male / Female (Circle one) Grade _____

Sport _____ Date of Birth _____ Age _____

Doctors Name _____ Doctors Number _____

Parent/Guardian _____ Relationship to Student _____

Work Phone _____ Home Phone _____ Cell Phone _____

Additional Contact _____ Relationship to Student _____

Work Phone _____ Home Phone _____ Cell Phone _____

Additional Contact _____ Relationship to Student _____

Work Phone _____ Home Phone _____ Cell Phone _____

ATHLETIC CONSENT

I/we hereby give consent to my son/daughter to participate in the above listed interscholastic sports program during the above listed school year. I/we also give permission for **Emergency Medical Treatment** by the team physician, school nurse, athletic trainer, hospital, and allied medical personnel for conditions arising in athletics. I/we realize that such activity involves the potential for injury that 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 school 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 acknowledge that I/we have read and understand this warning. Further, I/we will not hold Montgomery Township School District, or its representatives responsible in any way for injuries that may occur to my son/daughter because of his/her participation in the sport listed above. I/we also give permission for medical information regarding my son/daughter to be shared between the districts physician, nurse, athletic trainer, athletic director, and coach.

Signature of Parent or Guardian

Date

INSURANCE

The student accident insurance provided by the Montgomery Board of Education is on an "EXCESS BASIS". Excess Basis means your personal health insurance, individual or group, must be used first, as the primary carrier to satisfy the claim. The Montgomery Board of Education policy will pick up reasonable and customary medical expenses over and above your coverage subject to an annual \$500 deductible, and subject to the policy restrictions, limitations, exclusions and timely reporting requirements. A claim form, which can be obtained from the school nurse, must be filed in the event of any accidental injury. Filing a claim form immediately and completely will assist in prompt claims service.

I have read and understand the procedure outlined to be used in case of an accident. Also, I understand that my accident insurance is "primary" coverage, and that coverage provided by the Montgomery Board of Education is strictly "Excess Basis."

Signature of Parent or Guardian

Date



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Athletic Acknowledgment & Consent Form

N.J.S.I.A.A. CONCUSSION POLICY ACKNOWLEDGEMENT FORM

We have received and reviewed the N.J.S.I.A.A. concussion policy acknowledgment form and understand the facts, signs and symptoms of a concussion, as well as the basic guidelines for the concussion management protocol.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

NJSIAA STEROID TESTING POLICY (High School Only)

We have received and reviewed the N.J.S.I.A.A. steroid testing policy, as well as the NJSIAA banned drug list. We consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

SUDDEN CARDIAC DEATH BROCHURE

We have received and reviewed the sudden cardiac death in young athletes pamphlet and understand the basic facts of sudden cardiac death in young athletes. We are also aware of additional resources available on this subject from the American Heart Association (www.heart.org) and the Hypertrophic Cardiomyopathy Association (www.4hcm.org).

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

MEDIA COVERAGE

I hereby grant permission for the release of videotapes, audio recordings, and photographs that could identify my child by name, to the school district and the media for the use in various media outlets including but not limited to news stories, websites and social media outlets, as it pertains to my child and Montgomery Township School District Athletics. I also grant permission for my child to be interviewed by the school district and the media as it pertains to Montgomery Township School District athletics.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

All of these policies and brochures can be found on the high school website @ www.mtsd.k12.nj.us/athletics.