

**MONMOUTH REGIONAL HIGH SCHOOL
ATHLETICS/HEALTH & PHYSICAL EDUCATION DEPARTMENT
Eatontown*Shrewsbury Township*Tinton Falls
One Norman J Field Way
Tinton Falls, NJ 07724
Telephone (732) 542-1170
Fax: (732) 542-5512**

**Anthony DeOrio
Director of Athletics/Health & PE Supervisor**

ATHLETIC PARTICIPATION SIGN OFF SHEET

Please sign at the bottom of this form after careful review. Your signature represents that you acknowledge and accept all language represented on the following forms: Additional copies of these documents are available on our school website.

This form must be returned to the Athletic Director prior to participation.

- **Athletic Sports Agreement – I the parent/guardian along with my son/daughter whose signature appears below acknowledge that I have read the Student Agreement and agree to adhere to all rules as outlined in said document.**
- **Steroid Form – I the parent/ guardian along with my son/daughter whose signature appears below acknowledge that I have reviewed this document. By signing this form we understand that the NJSIAA can randomly drug/steroid test an athlete during a championship competition.**
- **Sudden Cardiac Death – I the parent/ guardian along with my son/daughter whose signature appears below acknowledge that I have read and understand all information as stated on the Sudden Cardiac Death in Young Athletes form.**
- **Concussion Form – I the parent/ guardian along with my son/daughter agree that we have read and understand all information as stated on the State required concussion form.**
- **24- Hour Training and Safety Policy – I the parent/ guardian along with my son/daughter whose signature appears below acknowledge that I have reviewed this document.**
- **Sports Related Eye Injuries - I the parent/ guardian along with my son/daughter whose signature appears below acknowledge that I have reviewed this document.**
- **Sport Physical Information – I understand that one complete physical is required each year (every 365 days) in order for my son/daughter to participate in a sport. All private physicals must be reviewed by our school doctor on school premises on the designated days prior to participation in practices or sport.**
- **Sport Physical Information – I understand that prior to each season a health history update form must be completed in the nurse’s office.**
- **Use and Misuse of Opioid Drug – I / We have reviewed the Educational Fact Sheet on the use and misuse of Opioid Drugs.**

Print Athlete’s Name _____ Sport _____

Date of Birth _____

Date Entered 9th Grade _____

Athlete/Student Signature
Effective: August 1, 2019

Date

Parent/Guardian Signature