

BROOKSIDE SCHOOL
ALLENDALE, NJ 07401
PARENTAL CONSENT FORM
Interscholastic and Intramural Sports

Student's Name _____ M _____ F _____
Address _____ Home Phone _____
Homeroom _____ Date of Birth _____

INITIAL each Interscholastic sport your child may participate in:

FALL SPORTS

_____ Soccer (Boys)
_____ Soccer (Girls)
_____ Cross Country Track (Co-ed)*
_____ Volleyball (Girls)

WINTER SPORTS

_____ Basketball (Boys)
_____ Basketball (Girls)

SPRING SPORTS

_____ Baseball (Boys)
_____ Softball (Girls)
_____ Track (Co-ed)*

* 6th graders may participate in Cross-Country and/or Track, 7th and 8th graders may choose any sport offered

Parental Consent forms, Health History Questionnaires and Physical Examination forms are to be submitted to the school nurse 2 weeks before the first practice for the School MD's approval for participation in sports.

I understand a current physical examination form must be on file in the school nurse's office before a student will be permitted to participate, as required by New Jersey State Statutes. *Each candidate for a school athletic squad or team is to be examined 365 days prior to the first practice session.* Date of last physical exam _____

I understand that physical hazards may be encountered due to the nature of the sport.

I understand that the coach is responsible and empowered to make decisions about the structure of practices and games.

Eligibility

In order to maintain academic eligibility to participate in school sports, no student's class grade may fall below a 65 or have two (2) class grades fall below a 70.

In order to participate in any after school activity, a student MUST be in attendance at school during that day.

Please be advised that the Allendale Board of Education's policy states that "No injured player that required medical attention or treatment by a physician will be permitted to return to practice or play in a game unless clearance is given in writing by the physician in charge and by the final approval of the school's physician."

Sportsmanship

Extracurricular activities, including school sports, are a privilege. Students are expected to represent Brookside in a positive manner at all times while representing their school. Students are expected to treat all participants, including coaches, teammates, opponents, and officials, with respect. Perceived competency or intentions of others does not change this. If a student has a concern, he/she should tell his/her coach, who is responsible to communicate information to the appropriate person. Please note, our coaches have the same responsibilities.

Parents are invited to come to games to support their child and all children. It is expected that parents will also

adhere to the rules of sportsmanship given to their children. At no time during a match, should a parent talk to or at the coaches or the referees, and all comments to any player should be positive. Finally, parents are reminded that during sporting events, students are still in school. Parents are not allowed to take their child from an event unless they have provided communication in writing to the school.

Failure to follow any of these guidelines may result in suspension of privileges for either the child, the parent, or both.

Consent

I hereby give my consent for my son/daughter named above to participate in the above checked interscholastic and/or Intramural Sport(s) for the 2023-2024 school year. I am aware of all of the requirements for eligibility and sportsmanship

Student-Athlete Signature

Date

Parent/Guardian Signature

Date

** Your prompt return of all forms will allow your child to complete requirements and be eligible for team practice

Emergency Information

The information on this side will be used by the coaching staff during sports sessions

STUDENT'S NAME _____
HOME PHONE _____

EMERGENCY REQUIREMENTS

In the event of an emergency, all healthcare providers require parental/guardian consent before giving treatment. In the event that I cannot be reached in an emergency, I hereby give my consent to have my son/daughter named above treated by a physician. I give permission to share pertinent medical information about my child with the coaching staff.

Signature of Parent/Guardian Date _____

Medical alerts** (allergies, medications*, etc.) necessary for treatment:

** For any changes in medical status, the parent must submit a medical note from the treating physician as to the reason and any limitations.

*Parent must provide completed medication permission form from healthcare provider for any medication needed for a life-threatening condition, such as inhalers or epinephrine auto-injectors.

Where parent or guardian can be reached if not at home:

Mother's phone: _____ Father's phone: _____

List **two nearby** friends/relatives who will assume temporary care of your child if you cannot be contacted:

1. Name: _____ Phone: _____
Address: _____
2. Name: _____ Phone: _____
Address: _____
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Please complete the following:

Family Physician Name: _____ Office phone: _____
Family Dentist Name: _____ Office phone: _____

Please list email address(es) where you will receive important notifications about practices, games, cancellations, etc.

