

Cherry Hill Public Schools
ATHLETIC PARTICIPATION RELEASE FORM

School Student ID Number Grade Gender Sport (only **ONE** sport per release form)

Student Last Name Student First Name (No Nicknames) Date of Birth / / _____

Emergency Contact Name Emergency Contact Phone No. _____

DIRECTIONS FOR ATHLETIC PRE-PARTICIPATION APPROVAL: The following forms must be completed in order for students to participate in interscholastic and/or intramural sports programs.

- **Pre-Participation Physical Form:** Page 1 must be completed and signed by Parent/Guardian and *taken to the Physician for review at time of physical exam.*
- **Pre-Participation Physical Form (Exam Portion of Physical):** Pages 3-4 must be completed by the examining licensed provider MD, DO, APN, or PA. *This physical exam must have been completed WITHIN 365 days BEFORE the first day of try-outs.*
- **Concussion Acknowledgement Form; Sudden Cardiac Death Pamphlet Sign-Off Sheet; Opioid Use and Misuse Sign-Off Sheet:** Signed by parent & student at the beginning of each school year.
- **HEALTH HISTORY UPDATE QUESTIONNAIRE:** Completed by parent or guardian if sports physical is more than 90 days old. It should be submitted with this release form at the start of each sport.

This is to certify that we, the undersigned, have given _____ permission to participate in the above named Cherry Hill Interscholastic/Intramural team as approved by the Board of Education of the Township of Cherry Hill.

We realize that there is a risk of the above named student being injured, that is inherent in all sports. We expect school authorities and coaches to exercise every reasonable precaution to avoid accidents and injury. We hereby release the Board of Education and its agents, servants, teachers, and employees of any liability whatsoever, for any accidents that may occur during such participation.

We understand and give permission that medical information is to be shared with the Athletic Trainer and/or Coach.

We understand that _____ will be responsible for the safe return of all athletic equipment issued to him or her, and we agree to be responsible to the Board of Education, in the event of loss or damage through carelessness or improper use.

Hospital Preference

1. _____ 2. _____

*Every effort will be made to comply with parents' wishes. However, regulations governing medical emergency ambulance service may require transportation to the nearest hospital.

We further understand that the Board of Education has purchased "Full Excess" accident insurance coverage for all interscholastic sports. **Full Excess means that the parents' insurance must be used first. Any medical expense not covered by their insurance can be submitted under the full excess policy, and will be paid on a reasonable basis.**

Date: _____ Parent/Guardian Signature: _____

Date: _____ Student Signature: _____