



Health Office

90 Whippany Rd, Whippany, NJ 07981
973-888-2083

Sports Permission Form

Athletic Application for: _____ School Year: _____
(Name of Sport)

Student Name: _____ **Grade:** _____

Father's Name Home Phone Business Phone Cell Phone

Mother's Name Home Phone Business Phone Cell Phone

Student's Physician Phone

I recognize what my responsibilities are if I play for the above sport. I will govern myself appropriately, as directed. If extended the above privilege, I shall:

- a. Have a signed Parental Permission Form on file with the coach.
- b. Complete an approved Athletic Physical Examination and Health Update.
- c. Attend faithfully to my studies and behave in a sportsman like manner.
- d. Train consistently as advised by the coach.
- e. Make it a point to abide by the rules and regulations governing the student body.
- f. Conduct myself at other schools in a manner that will bring credit to my team and school.
- g. Be responsible for the care and safe return of all school property/equipment.

Student Signature: _____ **Date:** _____

I hereby grant permission for my child to participate in the athletic program directed by Arrow Academy and American Christian School and to accompany the team on scheduled athletic trips. I acknowledge that the school will provide the necessary equipment and take measures to reduce the risk of injury. However, I understand that participation in interscholastic athletics carries an inherent risk of serious injury. Despite proper coaching, use of protective equipment, and adherence to rules, injuries may still occur. I attest that my child is in good health and is permitted to fully participate in this sport. In the event that emergency medical treatment is required and I cannot be contacted, I authorize the team's coaches to act on my behalf. I agree to waive any claims for damages and/or medical expenses resulting from accidents or injuries sustained by my child during participation in the athletic program. I acknowledge that I have read and understand this notice. Additionally, I understand that my child should have insurance coverage to participate.

Parent Signature: _____ **Date:** _____