

Queen of Peace HS Interscholastic Athletics Parental Consent Form

1. I, the parent/guardian of the student named above, hereby, give permission for my child to try out for the team indicated, and participate in all of the team's activities, as directed by the school/coach. I understand that my child's participation in this activity is purely voluntary. However, if selected, I understand that my child will be required to attend regularly scheduled practices and competitions throughout New Jersey. Initial____
2. I understand that my child will meet all Queen of Peace HS and NJSIAA practice and participation requirements. Initial____
3. I understand that my child is responsible for his/her behavior at all time, and agree not to hold the school or any of its employees responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the school's code of discipline may result in exclusion from the team. Initial____
4. I understand that it is necessary for my child to have an approved medical certificate for school competition on file in the school before trying out, practicing or competing in interscholastic athletic activities. I agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed. Initial____
5. I understand that with the participation in sports comes the risk of injury, particularly with contact sports. Such injuries may include, but not be limited to, concussions, and injury to bones, neck, spine or internal organs. I understand the risks involved and expressly agree to accept all the risks existing in the sport in which my child will be participating. Initial____
6. I have received, read signed and returned the "Concussion information Sheet" to the Athletic Director. I agree to thoroughly read through the information sheet and report to the school if there is any change in my child medical condition. Initial____
7. I agree that in the event of injury or illness, the staff member in charge of the team may act in my behalf and at my expense in obtaining medical treatment for my child. Initial____
8. I agree to be responsible for the return of all equipment issued by the school to him/her. Initial____
9. I understand and give permission for my child to travel unaccompanied on public transportation or accompanied on a NJDOE approved bus to and from all scheduled practices and competitions. Initial____
10. I hereby give permission for my child's photograph and information about my child's performance in Queen of Peace HS and NJSIAA activities, together with my child's name, school and grade level to be put on the Queen of Peace HS, NJSIAA and or NJIC website, in accordance with the policies set forth in the NJDOE's Internet Acceptable Use Policy. Initial____
11. I understand that the information to be posted does not include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personally identifiable information such as my child's address, telephone number or social security number. Initial____
12. I hereby give permission for my child to be interviewed, videotaped and/or photographed by the media as it pertains to Queen of Peace HS and NJSIAA athletic contests. I also hereby release Queen of Peace HS and its agents and employees, from all claims, demands, liabilities whatsoever in the connection with the above. Initial____
13. I hereby release, discharge, Queen of Peace HS and their employees of all claims, demands or causes of action which are in any way connected with my child's participation in this activity, except if such claims arise out of the gross negligence or willful misconduct of Queen of Peace HS or their employees. Initial____

Sport(s) I give my child permission to participate in: _____, _____, _____
In case of emergency, please contact me at: (____) _____ or (____) _____

PRINT - PARENT/GUARDIAN _____

SIGNATURE _____ DATE _____