

2023

PISCATAWAY TOWNSHIP SCHOOL
Athletic Department
Piscataway, New Jersey

2024

Athletic Consent for _____
Sport _____

Name of Student (PRINT) _____ Grade _____ ID# _____ Gender _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Name _____ Emergency Contact Number _____

I am/am not enrolled in the Piscataway Township School District. (circle appropriate response)

I am/am not a transfer student. (circle appropriate response) I have competed in sports: _____ semesters.

Any student wishing to **TRY OUT** and be considered for placement on a team must do the following:

Complete ALL Information on the **Athletic Consent Form** and **History Form**

Healthcare Provider must Complete ALL Information on **Physical Examination Form, Supplemental History Form, and Clearance Form** (including date of physical). **HEALTHCARE PROVIDER MUST COMPLETE THE CARDIAC ASSESSMENT PROFESSIONAL DEVELOPMENT MODULE AND SIGN THE CERTIFICATION ON PAGE 4 OF THE PHYSICAL EXAM FORM.**

Forms must be **Signed** as Indicated

Physical Exams Must take place **within 365 days** of the start of practice for the sport in which participation is desired.

Any student who uses an **EpiPen** or **Inhaler** should pick up an Individualized Healthcare Plan packet from the nurse

This packet to be returned to the nurse with the sport physical information

All Completed forms should be returned to the Nurse at least **thirty (30)** days Prior to Try Outs

NOTE: Failure to complete and submit the forms as instructed thirty (30) days prior to try outs may result in a delay in participation in the try outs.

I hereby give consent for my child _____ to:

1. Represent his/her school in interscholastic/extracurricular athletic activities;
2. Accompany any school team of which he/she is a member on any local or out-of-town trips.

I authorize the school to provide any emergency medical care that may become necessary for my child in the course of such activities or travel. Warning: such activities involve the potential for injury that is inherent in all sports, I acknowledge that even with coaching, use of protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in paralysis, total disability or even death.

By signing this consent, I acknowledge that I have read and understand this warning; I authorize the release of academic information to the Piscataway Athletic Department, Counseling Department and Coaching Staff; I guarantee that the above information is correct and that I agree to abide by all of the above information regarding my child's participation, Code of Ethics for Athletes, and responsibility for equipment issue.

Signature of Parent/Guardian _____ Date _____

By signing this consent, I acknowledge that I have read and understand the warning; agree to abide by all of the information stated above; conduct myself according to the Code of Ethics for Athletes; and take responsibility for all equipment issued to me.

Signature of Student _____ Date _____
To Be Completed by Nurse

Physical on File _____ Previous Sport/s _____ Nurse's Initials _____
Date of Physical _____



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PISCATAWAY HIGH SCHOOL ATHLETIC PROGRAM CODE OF CONDUCT

The purpose of the Code of Conduct is to set and maintain a high standard of behavior for athletes and their parents/guardians. The Code of Conduct seeks to promote the safety and well-being of all athletes during training and competition. All athletes and their parents/guardians are expected to follow this Code of Conduct.

For the Athlete:

- I will abide by all rules and regulations set by the coach, the athletic program and the Piscataway school district.
- I will respect the judgments and decisions of officials.
- I will be responsible for the care of my uniform and equipment.
- I will refrain from using inappropriate language or gestures.
- I will demonstrate good sportsmanship at all times.
- I will report for practice and competition on time, in uniform.
- I will practice good health habits and follow the training rules of the coaches.
- I will treat all athletes, coaches, officials, parents and spectators with dignity and respect.
- I will abide by the rules of the game, and show modesty in victory and graciousness in defeat.
- I will not use, or condone the use of tobacco products, drugs or alcohol.
- I will maintain grades that meet or exceed expectations for athletes.

For the Parent/Guardian:

- I will demonstrate good sportsmanship at all times.
- I will treat all athletes, coaches, officials, parents and spectators with dignity and respect.
- I will refrain from using inappropriate language or gestures.
- I will respect the judgments and decisions of officials.
- I will not engage in verbal threats, physical threats, or violent or abusive behavior toward other spectators, coaches, officials or athletes.

Student/Athlete Signature

Parent/Guardian Signature

Date _____

**New Jersey Department of Education
Health History Update Questionnaire**

Name of School: _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student: _____ Age: _____ Grade: _____

Date of Last Physical Examination: _____ Sport: _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes No

If yes, describe in detail:

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes No

If yes, explain in detail:

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes No

If yes, describe in detail:

4. Fainted or "blacked out?" Yes No

If yes, was this during or immediately after exercise?

5. Experienced chest pains, shortness of breath or "racing heart?" Yes No

If yes, explain

6. Has there been a recent history of fatigue and unusual tiredness? Yes No

7. Been hospitalized or had to go to the emergency room? Yes No

If yes, explain in detail

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes No

9. Started or stopped taking any over-the-counter or prescribed medications? Yes No

10. Been diagnosed with Coronavirus (COVID-19)? Yes No

If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes No

If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes No

Date: _____ Signature of parent/guardian: _____

Please Return Completed Form to the School Nurse's Office