

Pitman High School Athletics
225 Linden Ave
Pitman, NJ

Dear Parent/Guardian:

Please sign this form

**STUDENT PARTICIPATION AND INFORMATION/PARENTAL
APPROVAL FORM 2017/18**

As parent/legal guardian, I hereby authorize my child _____, Grade _____, Sport _____, to participate in activities related to competition as a member of the team.

Realizing that such activity involves the potential for injury which is inherent in all sports, I acknowledge that even with the best coaching, use of the most advanced 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 total disability, paralysis, or even death. I acknowledge that I have read and understand this warning.

We understand that the Board of Education does provide limited medical insurance for athletes. This limited accident insurance coverage purchased by the school provides coverage on an EXCESS BASIS ONLY. Knowing that this is a limited insurance policy, we agree to accept responsibility for submitting those medical/surgical costs to our insurance carrier.

This means that only those medical expenses which are not covered by our own personal or group insurance are eligible for coverage under the school policy.

PLEASE NOTE: This form also authorizes the Pitman coaching staff and the Guidance Department to release athletic and academic information when requested by college/universities.

Date

Signature of Parent/Guardian

STUDENT ATHLETES NEED ONE (1) PHYSICAL PER SCHOOL YEAR.
Please return *signed* participation form to the athletic director's office.