

Hackettstown High School
Director of Athletics
Warren Street
Hackettstown, NJ 07840
(908)850-6519

Permission Form

To the parent/guardian:

Your child has requested permission to try for a place on the team representing Hackettstown High School in interscholastic athletic competition. The Hackettstown Board of Education provides medical insurance for students participating in interscholastic athletics.

*****THE BOARD INSURANCE FOR INTERSCHOLASTIC SPORT COVERAGE IS AN EXCESS POLICY AND ONLY COVERS EXPENSES AFTER THE PARENTS HAVE UTILIZED THEIR OWN INSURANCE*****

STUDENT'S STATEMENT:

I hereby request to be enrolled as a candidate for a position on the team designated below, with full knowledge that physical hazards may be encountered that may cause bodily injury.

Sport: _____ Grade: _____

Students Signature: _____ Date: ___/___/___

PARENT'S STATEMENT:

I hereby give permission for those individuals who are assisting the HHS physical examination to review my son/daughter's medical history and physical examination forms in conjunction with the assigned duties.

Signature of Parent/ Guardian

Date

I understand my son/daughter desires to participate in an athletic program at Hackettstown High School. I fully acknowledge that although precautions are taken to minimize the risk of injury in interscholastic sports such risk does exist and the best insurance against such injury is good physical conditioning and sound health.

I understand that even though safety precautions are taken to protect the athlete, accidents can and do take place that may cause bodily injury when my son/daughter is participating in the athletic program.

The team physicians have my permission to perform a physical examination and also to render whatever emergency care may be needed at the time of any injury.

Signature of Parent/Guardian: _____ Date: ___/___/___

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