

# BAYONNE PUBLIC SCHOOLS

## PERMISSION TO PARTICIPATE IN ATHLETICS

Student Name: \_\_\_\_\_ Sport: \_\_\_\_\_  
(Please print clearly)

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_ HR: \_\_\_\_\_

Male / Female (Circle) Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City/State/Country)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### INSURANCE INFORMATION:

The Bayonne Board of Education maintains an interscholastic sport insurance policy. This policy provides medical expense benefits for accidental injury occurring during the play or practice of interscholastic sports, and for injury while traveling to and from such activities.

The coverage has been purchased on a partial excess basis. This means on any claims involving hospitalization (in patient) or surgery, you must submit all medical bills to your personal insurance carrier first, (i.e., Blue/Cross/ Blue Shield, Company Insurance, etc.). The unpaid balance will then be considered by the Bayonne Board of Education insurance carrier.

Please provide, in the space indicated below, the name of your Group Insurance and the Policy Number, so that we may keep it on file.

Group Name: \_\_\_\_\_ Group Policy Number: \_\_\_\_\_

### INFORMED CONSENT/RELEASE:

It is important to realize that participating in athletic activities involves the potential for injury, which is inherent in all sports. I/we acknowledge that even with reasonable coaching, use of reasonable protective equipment, and observance of rules, injuries are still possibility. On occasion, these injuries can be se severe as to result in total disability, paralysis or death. I/we acknowledge that I/we have read and understand this warning. I/we agree to release and hold harmless the Bayonne Board of Education, their agents, officers, employees, and volunteers from any and all liability, claims, suits, demands, judgments, costs, interest and expense arising from such activities. In the event of an injury to my son/daughter and I cannot be contacted, I hereby authorize the school athletic trainer and/or school approved physician to evaluate or treat any injury accordingly and authorize the transport to the nearest emergency medical center for medical treatment.

I/we have real all the information herein and grant permission for my child to participate for competitive sports released above.

\_\_\_\_\_  
Parent/Guardian Name (PRINTED)      Parent/Guardian Signature      Student (18 or Older)

Date: \_\_\_\_\_  I have received the Sudden Cardiac Death pamphlet included in the physical packet

### Emergency Contacts:

Parent/Guardian (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

(Nurses/ATC Use Only)

PE Date: \_\_\_\_\_ RDAT: Yes \_\_\_\_\_ No: \_\_\_\_\_ ImPACT: \_\_\_\_\_ Credits: \_\_\_\_\_ S.C.D: \_\_\_\_\_ DOE: \_\_\_\_\_

White: ATHLETIC TRAINER Yellow: HEALTH RECORD PINK: PARENT