

JACKSON SCHOOL DISTRICT ATHLETIC PARTICIPATION CONSENT FORMS

2019 Athletic Participation Consent Forms

The information and acknowledgements below are required in order for a student to participate in Jackson School District athletic programs. You are receiving a hard copy of this form because you do not have a Portal account.

(Note: To get access to the Parent Portal, contact the technology office at 732-833-4600, ext. 4247 or email Portalsupport@jacksonsd.org)

These forms must be reviewed by BOTH parents/guardians AND students (as many questions require the acknowledgement of both parties).

These acknowledgements are due annually prior to the student-athlete's first official practice of the school year. They go into effect immediately and also cover the 2019-2020 School Year and any summer practices held prior to the release of new Athletic Consent Forms.

PLEASE REVIEW THE INFORMATION ON THE FOLLOWING PAGES
AND COMPLETE THE FORMS TO ACKNOWLEDGE THAT YOU AND YOUR STUDENT
ATHLETE HAVE RECEIVED AND UNDERSTAND THEM.

Return Forms to the Athletic Office of Your Child's School

STUDENT'S FULL NAME _____

STUDENT'S GRADE as of September 2019: _____

SELECT SCHOOL BELOW:

_____ Goetz Middle School

_____ McAuliffe Middle School

_____ Jackson Liberty High School

_____ Jackson Memorial High School

Sudden Cardiac Death in Young Athletes Information Acknowledgement Form

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

The district is required by law to share important information and to have parents and student athletes acknowledge that you have received it. The information is included in this packet on subsequent pages.

These acknowledgements are due annually prior to the student-athlete's first official practice of the school year. They go into effect immediately and also cover the 2019-2020 School Year and any summer practices held prior to the release of new Athletic Consent Forms.

By signing below, you are certifying that both the PARENT AND THE STUDENT ATHLETE have reviewed and understand the SUDDEN CARDIAC DEATH IN YOUNG ATHLETES INFORMATION in this packet.

School (circle): Goetz McAuliffe Jackson Liberty HS Jackson Memorial HS

Student Name (Please Print) _____ Grade _____

Student Signature _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Date: _____

**Use and Misuse of Opioid Drugs Fact Sheet and
Student-Athlete and Parent/Guardian Sign-Off**

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this OPIOID USE and MISUSE EDUCATIONAL FACT SHEET to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

The district is required by law to share important information and to have parents and student athletes acknowledge that you have received it. The information is included in this packet on subsequent pages.

This acknowledgement is due annually prior to the student-athlete's first official practice of the school year. They go into effect immediately and also cover the 2019-2020 School Year and any summer practices held prior to the release of new Athletic Consent Forms.

By signing below, you are certifying that both the PARENT AND THE STUDENT ATHLETE have reviewed and understand the USE AND MISUSE OF OPIOID DRUGS FACT SHEET in this packet.

School (circle): **Goetz** **McAuliffe** **Jackson Liberty HS** **Jackson Memorial HS**

Student Name (Please Print) _____ **Grade** _____

Student Signature _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Date: _____

Consent to Random Drug Testing - NJSIAA Steroid Testing Policy Consent Form

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games. Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA's sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition.

The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student's parent/guardian consent to random testing.

By acknowledging this form, the PARENT AND STUDENT ATHLETE consent to random testing in accordance with the NJSIAA steroid testing policy. By signing and submitting this form you are stating you understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

This acknowledgement is due annually prior to the student-athlete's first official practice of the school year. They go into effect immediately and also cover the 2019-2020 School Year and any summer practices held prior to the release of new Athletic Consent Forms.

School (circle): **Goetz** **McAuliffe** **Jackson Liberty HS** **Jackson Memorial HS**

Student Name (Please Print) _____ **Grade** _____

Student Signature _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Date: _____

Concussion and Sports Related Eye Injury Information Acknowledgement Form

This information can help protect student athletes from concussions or other serious brain injury or eye injury. It also includes key information for parents and students on how to recognize the symptoms of concussion. The district is required by law to share important information and to have parents and student athletes acknowledge that you have received it.

By acknowledging this form, you are certifying that both the PARENT AND THE STUDENT ATHLETE have reviewed and understand the CONCUSSION and SPORTS RELATED EYE INJURY INFORMATION.

The district is required by law to share important information and to have parents and student athletes acknowledge that you have received it. The information is included in this packet on subsequent pages.

These acknowledgements are due annually prior to the student-athlete's first official practice of the school year. They go into effect immediately and also cover the 2019-2020 School Year and any summer practices held prior to the release of new Athletic Consent Forms.

By signing below, you are certifying that both the PARENT AND THE STUDENT ATHLETE have reviewed and understand the CONCUSSION AND SPORTS RELATED EYE INJURY INFORMATION in this packet.

School (circle): Goetz McAuliffe Jackson Liberty HS Jackson Memorial HS

Student Name (Please Print) _____ Grade _____

Student Signature _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Date: _____

Permission to Administer ImPact (Immediate Post Concussion Assessment) Testing

The Jackson School District Athletic Department, in efforts to provide the highest level of healthcare to our student-athletes, utilizes an innovative head injury management plan. As part of this plan, students who compete in football, soccer, field hockey, cheerleading, ice hockey, wrestling and lacrosse will be required to take a computerized neuro-cognitive exam known as ImPact (Immediate Post Concussion Assessment and Cognitive Testing). This is a baseline test taken prior to the athletic season and under the direct supervision of the Athletic Department.

If a student-athlete is believed to have suffered a concussion during competition, the exam is taken again and the data from the post-injury test is compared to the baseline test. This information is then used as a tool to assist the sports medicine team in determining the extent of the injury, monitoring recovery, and in making safe return to play decisions. The baseline exam takes about 25-30 minutes and is non-invasive. It is set up in a "video-game" format and tracks neuro-cognitive information such as memory, reaction time, brain processing speed, and concentration. It is a simple exam and most who take it enjoy the challenge of the test. Founded by the University of Pittsburgh Medical Center's Sports Concussion Program, this software is quickly becoming the "Gold Standard" in recognizing and managing head injuries. Countless colleges and school districts use the program across the country as do professional sports and the Olympics. General information about the test can be found at: www.impacttest.com.

The baseline test is not intended to identify a present concussion. Students who have suffered a recent concussion or have not recovered from a diagnosed concussion should not take the ImPact baseline test. Instead please notify the athletic trainers or your physician immediately for a thorough evaluation. Student-athletes must receive full, unrestricted clearance from appropriate medical personnel before taking the baseline test. Additionally, athletes who are fatigued, feeling ill, or suffering injury should postpone the baseline test until feeling better.

As a parent/guardian, you play a very important role in the management of head injuries. It's therefore vital that you're aware of what a concussion is defined as, the signs and symptoms of a concussion and the extreme dangers of returning to play before complete recovery. Additional head injury information can be found under the sports medicine link on the Jackson School District website. You are always welcome to contact the athletic department if you have any additional questions or concerns.

These acknowledgements are due annually prior to the student-athlete's first official practice of the school year. They go into effect immediately and also cover the 2019-2020 School Year and any summer practices held prior to the release of new Athletic Consent Forms.

By signing below, you are certifying that both the PARENT AND THE STUDENT ATHLETE have reviewed and understand the Permission to Administer ImPact (Immediate Post Concussion Assessment) Testing and grant permission to administer this testing.

School (circle): Goetz McAuliffe Jackson Liberty HS Jackson Memorial HS

Student Name (Please Print) _____ Grade _____

Student Signature _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

**Student Conduct/Sportsmanship Agreement / Release Form if Using Private
Transportation / Parental Authorization for Student to Participate**

Student Conduct/Sportsmanship Agreement

I voluntarily agree to abide by the following conditions of my participation in the athletic programs of the Jackson School District.

1. My participation is a privilege. As such, the coach/advisor, as well as school administrators, has the right to revoke this privilege and terminate my participation if I fail to conduct myself in an appropriate manner.

2. I am a representative of the Jackson School District and the Jackson Township community, and therefore, understand that I must maintain high standards for my conduct and behavior. Because my participation is a reflection of my school program, I must always conduct myself in an acceptable manner. Failure to do so may result in disciplinary action consistent with the school discipline code, which may affect my eligibility to participate in this and other activities.

3. I agree to conduct myself in an appropriate and acceptable manner according to:
 - the rules instituted by my coach/advisor
 - the laws of the state
 - the rules set forth by any governing body specific to this activity
 - any other rules and requirements set forth by the Jackson Board of Education and by my school

4. I agree not to engage in any substance abuse. "Substance abuse" includes but is not limited to:
 - use or possession of controlled dangerous substances as defined in NJSA18A: 40A-9
 - use or possession of alcoholic beverages
 - use or possession of performance enhancing drugs
 - unlawful use or possession of any substance prohibited by law

I understand that any violation of the substance abuse conditions listed above shall result in the assignment of penalties or the offense committed in accordance with Jackson Board of Education Policies 5570 and 5600.

Release Form if Using Private Transportation

If I choose private transportation for my child in lieu of district-provided transportation, I agree to release and hold harmless the Jackson Board of Education and its employees, both collectively and individually, from all liability for personal injury and/or property damage sustained or caused by this voluntary, private transportation of my child to/from district-sponsored athletic events.

Parental Authorization for Student to Participate

I authorize the Principals of the Jackson School District to permit my child to participate in interscholastic athletics during the 2019-2020 school year. By doing so I:

- a. Release the Board of Education and its employees of any liability whatsoever for any accidents that may occur to my child during participation.
- b. Grant permission for the Sports Medicine Team (district physicians, nurses and athletic trainers) to assess, diagnose, treat and rehabilitate injuries that my child may suffer as a result of participation.
- c. Authorize the exchange of my child's confidential medical records among the sports medicine team, guidance department and administration if such information is pertinent to providing appropriate health care.
- d. Grant permission for my child to travel off school grounds for the purpose of participating in team activities and events. I do this knowing full well that medical personnel may not accompany my child's team off school grounds. In the event of a medical emergency, I authorize the Jackson Board of Education employee that is responsible for my child to obtain appropriate medical care and further authorize any appropriate medical personnel to render all necessary medical treatment (to include drug and alcohol testing).
- e. Understand that all medications being taken while traveling and participating in interscholastic athletics, including over-the-counter medications, must be approved with the school nurse in accordance with Board Policy #5141.211. This includes treatment of asthma, allergies, diabetes and all chronic medical conditions that require medication.

These acknowledgements are due annually prior to the student-athlete's first official practice of the school year. They go into effect immediately and also cover the 2019-2020 School Year and any summer practices held prior to the release of new Athletic Consent Forms.

BY SIGNING BELOW YOU ARE CERTIFYING THAT THE PARENT/GUARDIAN AND THE STUDENT ATHLETE HAVE REVIEWED AND UNDERSTAND THE INFORMATION ABOVE (Student Conduct/Sportsmanship Agreement, Release Form if Using Private Transportation and Parental Authorization for Student to Participate) AND AGREE TO BE BOUND BY THE TERMS.

School (circle): Goetz McAuliffe Jackson Liberty HS Jackson Memorial HS

Student Name (Please Print) _____ Grade _____

Student Signature _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ DATE: _____