

CRANBURY SCHOOL
23 N. Main Street
Cranbury, NJ 08512
(609) 395-1700 Ext. 238 or 239 Fax (609) 860-9655

ATHLETIC INFORMATION

Student's Name: _____ Sex: M F (circle one) Grade: _____
Date of Birth: _____ Sport: _____ Home Phone: _____

EMERGENCY CONTACT INFORMATION

Contact 1 - Name: _____ Relationship to student: _____
Phone (work): _____ Phone (home): _____ Phone (cell): _____
Contact 2 - Name: _____ Relationship to student: _____
Phone (work): _____ Phone (home): _____ Phone (cell): _____

PERMISSION FOR ATHLETICS

I hereby give _____ (student's name) permission to compete in _____ sponsored by the Board of Education and under the supervision of approved instructors. Realizing that such an activity involves the potential for injury that is inherent in all sports, I/we acknowledge that even with properly coaching, use of protective equipment, and observance of rules, injuries are still a possibility. On occasion, these injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/we have read and understood this warning.

Signature of Parent/Guardian Printed Name of Parent/Guardian Date

PERMISSION FOR EMERGENCY TREATMENT

I hereby give permission for the school to arrange emergency treatment for my child if none of the above adults can be reached.

Signature of Parent/Guardian Printed Name of Parent/Guardian Date

STATEMENT OF INSURANCE

My son/daughter is covered for injury under a policy with:

Name of Insurance Company Policy Number

For office use only: ___ Physical Examination ___ Parent ___ Academic Eligibility ___ Athletic Equipment