

Date of Physical: _____ ATC Initial: _____

Physical Verification Form:

This form is to verify that I _____ have already received a physical
(Print Student Name Here)

For _____ and now wish to participate in _____
(Previous Sport) (New Sport)

Consent and Release Form:

This instrument is to certify that I (if student is 18) or as the parent and/or guardian of _____ in consideration of the benefits to children to be gained through participation in the sports program, do hereby consent to his/her being enrolled as a candidate for participation in athletics and that he/she has my permission to undergo a complete sports physical which may include: history, blood pressure, pulse, hernia (boys), scoliosis screening, finger stick blood count, urinalysis for steroid detection and orthopedic exam of shoulders, elbows, knees, and ankles. He/she also has my permission to engage in the interscholastic competition under jurisdiction of the Clifton Board of Education.

Realizing that all sports participation is dangerous, I do hereby waive any claim for damages against the Board of Education of Clifton in the County of Passaic, NJ, its employees, officers, members, and participants for death or personal injuries or loss of potential earnings that may result from his/her participation in such sports except for and proceeds of accident or liability insurance policies that may be available for his/her protection.

By signing below I, hereby acknowledge that I have been properly advised, cautioned and warned by the proper administrative and coaching personnel of the Clifton Public School District that by participating in athletics I am exposing myself/my child to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment in the use of my limbs; brain damage; paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate/permit participation in the sport, and should I choose to participate/permit participation in sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of injury to which I am exposing myself/my child by participating.

I further release the said Board of Education of Clifton in the County of Passaic, NJ, its employees, members and participants from any and all claims or actions whatsoever based on the transportation of said team or the playing, equipment or operation of said sports programs during the season.

I also give permission and consent for my child to receive medical care from the Clifton High School Sports Medicine staff. This consent allows the Sports Medicine Staff to provide first aid care, injury evaluation and necessary treatment by the Team Physicians or Certified Athletic Trainers under the Team Physician's written or verbal instructions or plan of care. In addition, I agree to allow the Clifton High School Sports Medicine staff to both receive and release pertinent medical information from/to appropriate authorities (such as coaches, school nurses, physician's offices or hospitals) if said information is requested.

I further give permission and consent for my child to receive treatment by the Clifton High School Sports Medicine staff by order of other licensed physicians who although not on the Clifton High School Sports Medicine staff provide oral or written orders directly to the Sports Medicine staff. The Sports Medicine staff will review these orders with the Clifton High School Team Physician or other staff physicians as deemed necessary prior to providing treatment.

By signing below, I hereby acknowledge that Clifton High School utilizes the ImPact Baseline Concussion Management Program for all student-athletes participating in contact/collision sports. Should I/my child participate in contact/collision sport I give consent for him/her to participate in the ImPact Concussion Management Program and complete a baseline concussion test under the supervision of the Certified Athletic Trainers. I acknowledge the following sports require baseline concussion tests; Football, Soccer, Gymnastics, Cheerleading, Volleyball, Wrestling, Ice Hockey, Basketball, Lacrosse, Baseball, Softball, and Track.

In case of accident or serious illness, I request the school to contact me/us. If the school is unable to reach me, I hereby authorize the school to make whatever emergency arrangements seem necessary.

Student ID#: _____

Athlete's PRINTED Name: _____

Athlete's Signature: _____

Parent/Guardian PRINTED Name: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Phone Number(s): _____ / _____

Parent Email: _____

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student _____ Age _____ Grade _____

Date of Last Physical Examination _____ Sport _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes _____ No _____
If yes, describe in detail _____

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes _____ No _____
If yes, explain in detail _____

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes _____ No _____
If yes, describe in detail _____

4. Fainted or "blacked out?" Yes _____ No _____
If yes, was this during or immediately after exercise? _____

5. Experienced chest pains, shortness of breath or "racing heart?" Yes _____ No _____
If yes, explain _____

6. Has there been a recent history of fatigue and unusual tiredness? Yes _____ No _____

7. Been hospitalized or had to go to the emergency room? Yes _____ No _____
If yes, explain in detail _____

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes _____ No _____

9. Started or stopped taking any over-the-counter or prescribed medications? Yes _____ No _____
If yes, name of medication(s) _____

Date: _____ Signature of parent/guardian _____

CLIFTON ATHLETIC DEPARTMENT
ELIGIBILITY AND TRAINING RULES

1. The student must meet the New Jersey Interscholastic Athletic Association (NJSIAA) and Clifton Board of Education requirements concerning age and academic credits before he/she can participate.

The NJSIAA academic and age requirements are as follows:

A. To participate in fall and winter sports, a student must have earned 30 credits at the start of the first semester.

B. To participate in a spring sport, a student must have earned the equivalent of 15 credits at the end of the first semester.

C. A student becomes ineligible for high school athletics if he/she turns 19 prior to September 1st.

2. Any student, who is found to be in possession of, using, transmitting or found to be under the influence of any alcoholic beverage or substance not prescribed by a physician, including but not limited to marijuana, chewing tobacco and vape products, shall be suspended from the athletic program in accordance with the Board of Education Alcohol and Tobacco Policy.
3. Following a violation, the athlete shall not be allowed to practice or compete in any interscholastic activity until they have complied with the readmission criteria established by the Board of Education.
4. Athletes who have tested positive for steroids will be ineligible to participate in interscholastic sports for the remainder of the season and shall be assigned to undergo another pre-season physical before being considered eligible for another sport. If tested positive a second time, the athlete will be ineligible from all interscholastic sports for one year from the date of incident.
5. Any athlete, who intentionally causes or attempts to cause school damage, steals or attempts to steal school property, is liable for suspension.
6. Any athlete who intentionally causes physical injury to another person, except in self- defense, is liable for suspension. No student can haze another person in any manner. Hazing is not permitted and not tolerated.
7. Any athlete who does not observe the coach's particular training rules is liable for suspension.
- *In the cases of all violations the principal, athletic director, school personnel and head coach will review each case and determine which specific penalty/penalties will be assessed to the student-athlete.

**I have read these eligibility and training rules and agree with them as a parent/guardian and as a student.
I will abide by the rules.**

Parent/Guardian's Signature

Date

Student's Signature

*Athletic Trainer's Signature

Sport/Activity

Print Student's Name

Parent's Name _____ Address _____

Parent/Guardian Contact Numbers _____ / _____

Additional Emergency Name & Number _____

Hospital of Preference _____ Date of Current Physical _____

Personal Physician (Name & Number) _____

Medical Conditions (Allergies, Contacts, Asthma, etc.) _____

Medications currently being taken _____

Does your child have a 504 plan in place? Yes No HS Guidance Counselor _____

Grade _____ Gender: Male / Female Date of Birth _____ Age _____ ID# _____