



# Jefferson Township School District

**Athletic Department**

*“Home of the Falcons”*

**John DiColo, CMAA**

Director of Athletics

## **ATHLETIC PARTICIPATION PACKET**

Dear Parent(s)/Guardian(s),

Congratulations on making the commitment to participate in the Jefferson Twp. High School Athletic Program. Athletics teaches many valuable lifelong lessons and requires a high level of dedication, responsibility, and diligence. I hope that all participants have a positive and rewarding interscholastic athletic experience!

Please pay special attention to all the enclosed information. It's imperative that all paperwork is completed and returned in a timely manner to ensure approval and eligibility for sports. Below is a checklist of required information. Please return all completed and signed materials to the athletic office (**do not** fax information). All information can be downloaded at [www.jefftwp.org](http://www.jefftwp.org).

<b>Document/Form</b>	<b>Yes</b>
Athletic Pre-Participation Examination (Part A) – Health History Questionnaire	
Athletic Pre-Participation Evaluation (Part B) – Physical Examination	
Student Athlete Contract	
Emergency Information Form	
Student Athlete Handbook and Parent/Coach Communication Pamphlet Signature Form	
NJSIAA Steroid Testing Consent Form	

Please take note of the new NJSIAA policy beginning in the 2006-2007 school year. In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the NJSIAA to develop and implement a program of random testing for steroids of teams and individuals qualifying for championship games. In our Athletic Participation Packet you will find a copy of the NJSIAA Steroid Testing Consent Form as well as the Student Athlete Handbook and Parent/Coach Communication Pamphlet Signature Form. These forms must be signed and submitted after perusing the related information on our web site (directions to find this information is on the Parent/Student Signature Form). All these forms must also be submitted before any athlete will be permitted to play in an interscholastic game.

I look forward to the upcoming school year and wish all students, coaches, and parents/guardians best of luck for a successful and healthy season.

Sincerely,

John DiColo, CAA  
Athletic Director

# The New Jersey Department of Education and Jefferson Township Athletic Department ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

**Part A: HEALTH HISTORY QUESTIONNAIRE**-Completed by the parent and student and reviewed by examining provider  
**Part B: PHYSICAL EVALUATION FORM**-Completed by examining licensed provider with MD, DO, APN or PA

## Part A: HEALTH HISTORY QUESTIONNAIRE

**Today's Date:** \_\_\_\_\_ **Date of Last Sports Physical:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Sex:** M F (circle one) **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date of Birth:**     /     /     **School:** \_\_\_\_\_ **District:** \_\_\_\_\_

**Current Sport::** \_\_\_\_\_ **Home Phone:** (     ) \_\_\_\_\_

**Provider Name (Medical Home):** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

**Name of parent/guardian:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Phone (work):** \_\_\_\_\_ **Phone (home):** \_\_\_\_\_ **Phone (cell):** \_\_\_\_\_

**Additional emergency contact:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Phone (work):** \_\_\_\_\_ **Phone (home):** \_\_\_\_\_ **Phone (cell):** \_\_\_\_\_

**Directions:** Please answer the following questions about the student's medical history by **CIRCLING** the correct response. Explain all "yes" responses on the lines below the questions. Please respond to all questions.

**1. Have you ever had, or do you currently have:**

- |  |                           |
|--|---------------------------|
| a. Restriction from sports for a health related problem?   | Y / N / Don't Know        |
| b. An injury or illness since your last exam?  | Y / N / Don't Know        |
| c. A chronic or ongoing illness (such as diabetes or asthma)?  | Y / N / Don't Know        |
| (1.) An inhaler or other prescription medicine to control asthma?  | Y / N / Don't Know        |
| d. Any prescribed or over the counter medications that you take on a regular basis?  | Y / N / Don't Know        |
| e. Surgery, hospitalization or any emergency room visit(s)?  | Y / N / Don't Know        |
| f. Any <b>allergies</b> to medications?  | <b>Y / N / Don't Know</b> |
| g. Any allergies to bee stings, pollen, latex or foods?  | Y / N / Don't Know        |
| (1.) If yes, check type of reaction:   |                           |
| <input type="checkbox"/> Rash <input type="checkbox"/> Hives <input type="checkbox"/> Breathing or other anaphylactic reaction |                           |
| (2.) Take any medication/Epipen taken for allergy symptoms? (List below.)  | Y / N / Don't Know        |
| h. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders?                         | Y / N / Don't Know        |
| i. A blood relative who died before age 50?  | Y / N / Don't Know        |

Explain all "yes" answers here (include relevant dates):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List all medications here:**

Medication Name	Dosage	Frequency

2. **Have you ever had, or do you currently have, any of the following *head-related* conditions:**
- |   |                    |
|---|--------------------|
| a. Concussion or head injury (including "bell rung" or a "ding")? | Y / N / Don't Know |
| b. Memory loss?   | Y / N / Don't Know |
| c. Knocked out?   | Y / N / Don't Know |
| c. A seizure?   | Y / N / Don't Know |
| d. Frequent or severe headaches (With or without exercise)?       | Y / N / Don't Know |
| e. Fuzzy or blurry vision   | Y / N / Don't Know |
| f. Sensitivity to light/noise                                     | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

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3. **Have you ever had, or do you currently have, any of the following *heart-related* conditions:**
- |  |                    |
|--|--------------------|
| a. Restriction from sports for heart problems?   | Y / N / Don't Know |
| b. Chest pain or discomfort?   | Y / N / Don't Know |
| c. Heart murmur?   | Y / N / Don't Know |
| d. High blood pressure?  | Y / N / Don't Know |
| e. Elevated cholesterol level?   | Y / N / Don't Know |
| f. Heart infection?  | Y / N / Don't Know |
| g. Dizziness or passing out during or after exercise without known cause?                        | Y / N / Don't Know |
| h. Has a provider ever ordered a heart test ( EKG, echocardiogram, stress test, Holter monitor)? | Y / N / Don't Know |
| i. Racing or skipped heartbeats?   | Y / N / Don't Know |
| j. Unexplained difficulty breathing or fatigue during exercise?                                  | Y / N / Don't Know |
| k. Any family member (blood relative):   |                    |
| (1.) Under age 50 with a heart condition?  | Y / N / Don't Know |
| (2.) With Marfan Syndrome?   | Y / N / Don't Know |
| (3.) Died of a heart problem before age 50? If yes, at what age? _____                           | Y / N / Don't Know |
| (4.) Died with no known reason?  | Y / N / Don't Know |
| (5.) Died while exercising? If yes, was it during or after? (Circle one.)                        | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

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4. **Have you ever had, or do you currently have, any of the following *eye, ear, nose, mouth or throat* conditions:**
- |   |                    |
|---|--------------------|
| a. Vision problems?   | Y / N / Don't Know |
| (1.) Wear contacts, eyeglasses or protective eye wear? (Circle which type.) | Y / N / Don't Know |
| b. Hearing loss or problems?  | Y / N / Don't Know |
| (1.) Wear hearing aides or implants?  | Y / N / Don't Know |
| c. Nasal fractures or frequent nose bleeds?                                 | Y / N / Don't Know |
| d. Wear braces, retainer or protective mouth gear?                          | Y / N / Don't Know |
| e. Frequent strep or any other conditions of the throat (e.g. tonsillitis)? | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

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5. **Have you ever had, or do you currently have, any of the following *neuromuscular/orthopedic* conditions:**
- |   |                    |
|---|--------------------|
| a. Numbness, a "burner", "stinger" or pinched nerve?      | Y / N / Don't Know |
| b. A sprain?  | Y / N / Don't Know |
| c. A strain?  | Y / N / Don't Know |
| d. Swelling or pain in muscles, tendons, bones or joints? | Y / N / Don't Know |
| e. Dislocated joint(s)?                                   | Y / N / Don't Know |
| f. Upper or lower back pain?                              | Y / N / Don't Know |
| g. Fracture(s), stress fracture(s), or broken bone(s)?    | Y / N / Don't Know |
| h. Do you wear any protective braces or equipment?        | Y / N / Don't Know |

Explain all (yes) answers here (include relevant dates):

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6. **Have you ever had or do you currently have any of the following general or exercise related conditions:**

- a. Difficulty breathing?
  - (1.) During exercise? Y / N / Don't Know
  - (2.) After running one mile? Y / N / Don't Know
  - (3.) Coughing, wheezing or shortness of breath in weather changes? Y / N / Don't Know
  - (4.) Exercise-induced asthma? Y / N / Don't Know
    - i. Controlled with medication? (specify \_\_\_\_\_) Y / N / Don't Know
    - ii. Experience dizziness, passing out or fainting? Y / N / Don't Know
- b. Viral infections (e.g. mono, hepatitis, coxsackie virus)? Y / N / Don't Know
- c. Become tired more quickly than others? Y / N / Don't Know
- d. Any of the following skin conditions:
  - (1.) Cold sores/herpes, impetigo, MRSA, ringworm, warts? Y / N / Don't Know
  - (2.) Sun sensitivity? Y / N / Don't Know
- e. Weight gain/loss (of 10 pounds or more)? Y / N / Don't Know
  - (1.) Do you want to weigh more or less than you do now? Y / N / Don't Know
- f. Ever had feelings of depression? Y / N / Don't Know
- g. Heat-related problems (dehydration, dizziness, fatigue, headache)? Y / N / Don't Know
  - (1.) Heat exhaustion (cool, clammy, damp skin)? Y / N / Don't Know
  - (2.) Heat stroke (hot, red, dry skin)? Y / N / Don't Know
  - (3.) Muscle cramps? Y / N / Don't Know
- h. Absence or loss of an organ (e.g. kidney, eyeball, spleen, testicle, ovary)? Y / N / Don't Know

Explain all "yes" answers here (include relevant dates):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **Females only:**

Age of onset of menstruation: \_\_\_\_\_ How many menstrual periods in the last twelve (12) months? \_\_\_\_\_

How many periods missed in the last twelve (12) months? \_\_\_\_\_

8. **Males only:**

Have you had any swelling or pain in your testicles or groin? Y / N / Don't Know

PARENT/GUARDIAN SIGNATURE

I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature.

\_\_\_\_\_  
Signature, Parent/Guardian or Student Age 18

\_\_\_\_\_  
Date of Signature:

**THIS COMPLETED AND SIGNED HEALTH HISTORY MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE MEDICAL EXAM.**

# ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

## Part B: Physical Evaluation Form

(Completed by the examining licensed provider MD, DO, APN or PA)

### -STUDENT INFORMATION-

Student's Name: \_\_\_\_\_ Sport(): \_\_\_\_\_  
 Sex: M F (circle one) Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 School: \_\_\_\_\_ District: \_\_\_\_\_  
 Parent/Guardian's Full Name: \_\_\_\_\_

### - EXAMINING PHYSICIAN/PROVIDER CONTACT INFORMATION-

If conducted by school physician check here

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### - FINDINGS OF PHYSICAL EVALUATION -

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ bpm.  
 Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Y / N Contacts: Y / N Glasses: Y / N

INDICATORS	NORMAL?	ABNORMAL FINDINGS/COMMENTS
General Appearance	YES	
Head/Neck	YES	
Eyes/Sclera/Pupils	YES	
Ears	YES	
Gross Hearing	YES	
Nose/Mouth/Throat	YES	
Lymph Glands	YES	
Cardiovascular	YES	
Heart Rate	YES	
Rhythm	YES	
Murmur	ABSENT	
If murmur present		Standing makes it: Louder Softer No Change
		Squatting makes it: Louder Softer No Change
		Valsalva makes it: Louder Softer No Change
Femoral Pulses	YES	
Lungs: Auscultation/Percussion	YES	
Chest Contour	YES	
Skin	YES	
Abdomen (liver, spleen, masses)	YES	
Assessment of physical maturation or Tanner Scale	YES	
Testicular Exam (Males Only)	YES	
Neck/Back/Spine:	YES	
Range of Motion	YES	
Scoliosis	ABSENT	
Upper Extremities: (ROM, Strength, Stability)	YES	
Lower Extremities: (ROM, Strength, Stability)	YES	
Neurological: Balance & Coordination	YES	
Hernia	ABSENT	
Evidence of Marfan Syndrome	ABSENT	

**Part B Page 1 of 3**

Most recent immunizations and dates administered:

\_\_\_\_\_  
\_\_\_\_\_

Medications currently prescribed, with dose and frequency:

Medication Name	Dosage	Frequency

Additional observations:

\_\_\_\_\_  
\_\_\_\_\_

General Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

General Recommendations:

\_\_\_\_\_  
\_\_\_\_\_

**THE HISTORY PREPARED BY THE PARENT/STUDENT MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE PHYSICAL EXAMINATION.**

**CLEARANCES: (See notes at bottom for conditions requiring attention and for a list of sports by level of contact)**

- A. Student is cleared for participation in **all** sports without restriction.
- B. Student is **withheld clearance** for participation in any sport until evaluation / treatment of:  
\_\_\_\_\_
- C. Student is cleared for participation in **limited types** of sports which **exclude** the following types of sports contact: (CHECK ALL THAT APPLY)
  - CONTACT/COLLISION
  - LIMITED CONTACT
  - NON-CONTACT/STRENUOUS
  - NON-CONTACT/NON-STRENUOUS

Due to: \_\_\_\_\_

HISTORY REVIEWED AND STUDENT EXAMINED BY:

Physician's/Provider's Stamp:

- Primary Care Provider
- School Physician Provider
- License Type:
  - MD/DO
  - APN
  - PA

PHYSICIAN'S/PROVIDER'S SIGNATURE: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

HISTORY REVIEWED BY:

Name \_\_\_\_\_

Today's Date: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Review Date: \_\_\_\_\_

**NOTES TO THE EXAMINING PROVIDER**

**Conditions requiring clearance before sports participation include, but are not limited to the following:**

Anaphylaxis; Atlantoaxial instability; Bleeding disorder; Hypertension; Congenital heart disease; Dysrhythmia; Mitral valve prolapse; Heart murmur; Cerebral palsy; Diabetes mellitus; Eating disorders; Heat illness history; One-kidney athletes; Hepatomegaly, Splenomegaly; Malignancy; Seizure Disorder; Marfan Syndrome; History of repeated concussion; Organ transplant recipient; Cystic fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

**SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT**

Contact/Collision	Limited Contact	Non-Contact	
		Strenuous	Non-strenuous
Basketball	Baseball	Discus	Bowling
Diving	Cheerleading	Javelin	Golf
Field Hockey	Fencing	Shot put	
Football	High Jump	Rowing	
Ice Hockey	Pole vault	Running/Cross Country	
Lacrosse	Gymnastics	Strength Training	
Soccer	Skiing	Swimming	
Wrestling	Softball	Tennis	
	Volleyball	Track	

N.J.A.C. 6A:16-2.2 requires the school physician to provide written notification to the parent/legal guardian stating approval or disapproval of the student's participation in athletics based on this physical evaluation. This evaluation and the notification letter become part of the student's school health record.

**Effects of physiologic maneuvers on heart sounds:**

Standing	Increases murmur of HCM Decreases murmur of AS, MR MVP click occurs earlier in systole
Squatting	Increases murmur of AS, MR, AI Decreases murmur of MCH MVP click delayed
Valsalva	Increases murmur of HCM Decreases murmur of AS, MR MVP click occurs earlier in systole

**Physical Stigmata of Marfan's Syndrome**

- Kyphosis
- High arched palate
- Pectus excavatum
- Arachnodactyly
- Arm span > height 1.05:1 or greater
- Mitral Valve Prolapse
- Aortic Insufficiency
- Myopia
- Lenticular dislocation

HCM = Hypertrophic Cardio Myopathy  
 AS = Aortic Stenosis  
 AI = Aortic Insufficiency  
 MR = Mitral Regugitation  
 MVP = Mitral Valve Prolapse



# STUDENT/ATHLETE CONTRACT

*Athletes, Parents and Coaches working together in harmony for success (Revised 9-06)*

## PROCEDURES

- All participants must have a **signed Physical and Student-Athlete Contract** on file in the Athletic Office in order to participate in interscholastic sports programs.
- Athletes must meet Jefferson and NJSIAA eligibility requirements (as found in the Jefferson Township High School and the NJSIAA Handbooks) and must have a good citizen status at Jefferson Township High School. Athletes must abide by all school policies, which are located in the Student Handbook.
- All injuries are to be reported immediately to your Coach and to our Athletic Trainer for proper examination and if needed, a referral to appropriate medical personnel or services.
- Students are to be in school by 11:00 a.m. if they wish to participate in a scheduled practice or game on that day. Any exception must be approved by the Athletic Director or a building administrator.

## CONDUCT

- Athletes are representatives of Jefferson Township High School and at all times must present themselves in a positive and sportsmanlike manner. ***All athletes, spectators and coaches must show proper respect for opposing teams, their coaches and officials alike.***
- Bus behavior will be beyond reproach. Appropriate demeanor and reasonable volume must be maintained at all times. No abuse, distasteful or obscene language or unsafe actions will be permitted. ***All athletes are expected to arrive and return to the school as part of the team.*** The coach may allow a student athlete to return home from an away event only after a parental release form is signed in front of the coach. At this point, the parent of that child will assume all responsibility. At no time are students allowed to drive themselves to or from athletic contests. Any other arrangement must be made prior to the beginning of the day through the office of the Athletic Director or the building Principal. That will include written parental permission, a detailed rationale for exemption, and the names(s) of assigned driver(s) who will be responsible for the child's safety. ***We encourage all team members, whenever possible, to use the assigned school transportation. This promotes team unity, ensures proper supervision and allows for greater safety of our students.***
- **Hazing:** JTHS will not tolerate hazing of any kind to our student athletes. Students who disregard this rule are subject to suspension and/or expulsion from their team, as well as appropriate school consequences set forth by the Assistant Principal.

## RESPONSIBILITIES

- It is the responsibility of the Head Coach to decide which student/athlete will participate and at which level of play, as well as the amount of playing time that the student will have. Questions regarding this area will be addressed directly to the Head Coach in a mutually acceptable timeframe and in an appropriate, professional manner (see Parental/Coach Communication Pamphlet).
- Athletes will be on time for practice and will be prepared for practice every day. They should prioritize their affiliations with community teams, placing the needs of the JTHS team first.
- Athletes are responsible for all equipment issued and for the care of said equipment. Equipment and uniforms are to be worn and used only at JTHS events. Athletes will be held accountable and submit restitution for any equipment/uniforms mistreated or not returned.
- On game dates, when contests run later than the late-bus departure time, participants are required to have prearranged transportation home from school. Every effort should be made to have that transportation waiting at the school for student/athlete pick-up.
- Failure to comply with requirements stipulated in the JTHS Handbook or any of the rules stated in this contract or stipulated by the Coach regarding curfews, detentions, etc., will result in disciplinary action which may include suspension or dismissal for a designated time as determined by the Head Coach and/or the policy set forth in the Student Handbook.

In addition to the above-mentioned criteria, all athletes are required to be alcohol-free, tobacco-free, and drug-free twenty-four hours a day, seven days a week (24/7) throughout their season. Student/athletes who use and/or are in possession of these items are subject to disciplinary action as outlined by Board of Education Policy and Procedures (#5530) in the Jefferson Township High School Student Handbook. Attendance at parties or gatherings where alcohol, tobacco or drugs are present is strictly prohibited and is also considered a violation of the 24/7 policy. This rule does not restrict athletes from attending family functions where alcoholic beverages are present. The purpose of this rule is to deter under-age drinking and/or substance abuse.

**Remember:**  
**Everything you say and do should be consistent with the six core ethical values comprising good character: trustworthiness, respect, responsibility, fairness, caring, and citizenship.**

**I HAVE READ AND UNDERSTAND THESE RULES AND AGREE TO ABIDE BY THEM.**

Student/Athlete and parent/legal guardian must sign this document prior to issuing a uniform or adding the student's name to the team roster.

SPORT \_\_\_\_\_

**GO FALCONS!**

ATHLETE'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**JEFFERSON TOWNSHIP HIGH SCHOOL HEALTH OFFICE AND SPORTS  
EMERGENCY INFORMATION CARD**

Grade _____	Sport (Current Season) _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Students Name _____	Date of Birth _____	City of Birth _____	
Address _____	Telephone (Home) _____		
City _____ State _____ Zip _____	Telephone (Work) _____		(Cell) _____
Mother/Guardian _____	Telephone (Home) _____		
Address (if not above) _____	Telephone (Work) _____		(Cell) _____
Father/Guardian _____	Telephone (Home) _____		
Address (if not above) _____	Telephone (Work) _____		(Cell) _____

**List responsible local contacts for an emergency (or pick-up) if parent/guardian cannot be reached:**

_____	_____	_____	_____
Name	Telephone	Town	Relationship
_____	_____	_____	_____
Name	Telephone	Town	Relationship

**FOR OFFICE USE ONLY:** \_\_\_\_\_  
(PHYSICAL DATE)

**Consent for Medical Treatment**

**All information listed below will be kept confidential:**

In case of sickness or accident, we will make every effort to notify you promptly. In the event we cannot locate you, we will notify your provided emergency contact. We require your authorization for treatment in case of emergency examinations, consultations, anesthesia, treatment or surgery that may, in the treating physician's judgment, become necessary.

**The undersigned hereby authorizes emergency action outlined in the above statements:**

Date \_\_\_\_\_ Signature of Parent / Guardian \_\_\_\_\_

Please print name signed \_\_\_\_\_

Student's Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

The school district is a **secondary coverage provider** for insurance coverage so the following information is necessary:

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Expiration Date \_\_\_\_\_ Policy Holders' Name \_\_\_\_\_

Allergies \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Chronic Medical Conditions \_\_\_\_\_

Medication (at home and/or at school) \_\_\_\_\_

H I P P A	I give permission for any district staff member involved with the care and supervision of my child to <u>confidentially</u> inform any other appropriate staff members of my child's medical condition(s) or special need(s).	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature of Parent/Guardian _____		Date _____



# Jefferson Township School District

**Athletic Department**  
*“Home of the Falcons”*

**John DiColo, CMAA**  
Director of Athletics

## **STUDENT ATHLETE HANDBOOK PARENT COMMUNICATION PAMPHLET SIGNATURE FORM**

On our District web site you will find copies of the JTHS Parent Communication Pamphlet and the Student Athlete Handbook as well as the NJSIAA Steroid Testing Procedures. The following directions guide you to these documents:

**Log on to** – [www.jefftwp.org](http://www.jefftwp.org)

**Click on** – Athletic Department

**Click on** – Parents/Students/Coaches: Forms and Information

**Click on** – Individual documents

Your signatures below will confirm that you and your student athlete have read and understand the regulations described in the **Student Athlete Handbook** and **Parent Communication Pamphlet** and that you both agree with all the terms and conditions contained therein.

In addition, after perusing the NJSIAA Steroid Testing Policy and the list of banned substances on line, you and your student athlete must sign and submit the **Consent To Random Testing** form found in your packet.

If you have any questions about any of these procedures or the documents, please call my office at 973-697-7708. If you do not have access to a computer or the Internet (or have any problems accessing the information), again, contact my office and a copy of the documents will be provided for you.

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Signature of Student Athlete

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Print Student Athlete’s Name

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Date

---

Signature of Parent/Guardian

---

Print Parent/Guardian’s Name

---

Date

*NJSIAA*



1161 Route 130, P.O. Box 487, Robbinsville, NJ 08691 609-259-2776 609-259-3047-Fax

## **NJSIAA STEROID TESTING POLICY**

### **CONSENT TO RANDOM TESTING**

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 signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We 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.

\_\_\_\_\_  
Signature of student-athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date