



# SOUTHERN REGIONAL MIDDLE SCHOOL

Athletic Department  
(609) 597-9481 ext. 4202

# ATHLETIC PERMIT

School Year: 2010-11

SEASON: Fall

SPORT: \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ I.D. # \_\_\_\_\_ Sex \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: Town \_\_\_\_\_ State \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone # \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

➤ Have you received an athletic physical this school year? NO \_\_\_\_\_

Yes \_\_\_\_\_ Sport \_\_\_\_\_ Dr. Schmoll \_\_\_\_\_ Home Physician \_\_\_\_\_

➤ Have you been injured in any sport this school year? NO \_\_\_\_\_

Yes \_\_\_\_\_ Please describe injury: \_\_\_\_\_

## **CODE OF CONDUCT:**

All student athletes participating in middle school interscholastic athletic programs are held to the highest standard of character and sportsmanship. Each coach will issue our Board of Education approved Athletic Rules and Regulations.

We acknowledge that we have read and reviewed the Athletic Rules and Regulations. We have reviewed and understand the student athlete discipline procedure and do agree to abide by the rules and regulations set therein.

## **INFORMED CONSENT:**

Realizing that such activity involves the potential for injury which is inherent in all sports, I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I give permission for my child to participate in

(Sport): \_\_\_\_\_

Student  
Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_