

Saint Vincent Academy
ATHLETIC ACKNOWLEDGEMENT/CONSENT CHECKLIST

Student's Name (print): _____ Grade: ____

Parent's Name (print): _____

The signatures below verify that you have read, reviewed and understand all the information regarding sports-related concussions and head injuries, sudden cardiac death, sports-related eye injuries, opioid use and misuse, NJSIAA steroid testing policy and banned drugs, protecting your eligibility as a student athlete, and the responsibilities of sportsmanship.

SPORTS-RELATED CONCUSSION AND HEAD INJURY FACT SHEET

We have read this form and understand the facts, signs and symptoms of a concussion, as well as the guidelines for concussion management and the procedure for return-to-play following a concussive injury.

Student's signature: _____ Date: _____

Parent's signature: _____ Date: _____

SUDDEN CARDIAC DEATH BROCHURE

We have read this brochure and understand the basic facts and risks of sudden cardiac death in young athletes. We are aware of additional resources available on this subject from the American Heart Association (www.heart.org) and the State of New Jersey website (www.state.nj.us/education/students/saftey/health/services/cardiac.pdf)

Student's signature: _____ Date: _____

Parent's signature: _____ Date: _____

SPORTS-RELATED EYE INJURIES

We have read this form and understand the facts, signs and symptoms of sports-related eye injuries, as well as the guidelines for what to do if a sports-related eye injury occurs and the procedure for return-to-play following an eye injury.

Student's signature: _____ Date: _____

Parent's signature: _____ Date: _____

OPIOID USE AND MISUSE FACT SHEET

We have read this from and understand the facts and ways opioid use and misuse can be prevented as well as some ways to reduce the risk of injury.

Student's signature: _____ Date: _____

Parent's signature: _____ Date: _____

NJSIAA STEROID TESTING POLICY

We have read this policy, as well as the NJSIAA Banned Drugs sheet, and consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Student's signature: _____ Date: _____
 Parent's signature: _____ Date: _____

PROTECTING YOUR ELIGIBILITY AS A STUDENT ATHLETE

We have read this policy and understand the seven points on how to protect the students eligibility to play sports in high school.

Student's signature: _____ Date: _____
 Parent's signature: _____ Date: _____

RESPONSIBILITIES OF SPORTSMANSHIP

We have read this policy issued by the NJ State Interscholastic Athletic Association and understand the responsibilities of showing good sportsmanship.

Student's signature: _____ Date: _____
 Parent's signature: _____ Date: _____

I UNDERSTAND THAT I MAY NOT PARTICIPATE IN ANY SPORT UNLESS I HAVE SUBMITTED A CURRENT PHYSICAL EXAMINATION FORM EACH SCHOOL YEAR, SIGNED BY MY PHYSICIAN, CLEARING ME TO PARTICIPATE.

Student's signature: _____ Date: _____
 Parent's signature: _____ Date: _____

