

**CHERRY HILL PUBLIC SCHOOLS  
ATHLETIC PARTICIPATION FORM AND RELEASE**

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
School	Student ID Number	Grade	Sex	Sport
<hr/>		<hr/>		<hr/>
Last Name	First (No nickname)	Telephone Number	Emergency Name/Phone No.	
<hr/>				
Address:	Street	City	Zip Code	

\_\_\_\_\_ has my permission to participate in the above interscholastic Athletic Activity as approved by the Board of Education of the Township of Cherry Hill.

We realize that there is a risk of the above named student being injured, that is inherent in all sports. We expect school authorities and coaches to exercise every reasonable precaution to avoid accidents and injury. We hereby release the Board of Education and its agents, servants, teachers, and employees of any liability whatsoever, for any accidents that may occur during such participation.

We understand and give permission that medical information is to be shared with the Athletic Trainer and/or coach.

We understand that \_\_\_\_\_ will be responsible for the safe return of all athletic equipment issued to him or her, and we agree to be responsible to the Board of Education, in the event of loss or damage through carelessness or improper use.

Accident or hospitalization insurance carried by parents which would cover any injury student might have while participating in school athletics:

Blue Cross	Blue Shield	Other accident or hospitalization insurance	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	Yes	No

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital Preference: 1. \_\_\_\_\_ 2. \_\_\_\_\_

\*Every effort will be made to comply with parents' wishes. However, regulations governing medical emergency ambulance service may necessitate transportation to the nearest hospital.

We further understand that the Board of Education has purchased "Full Excess" accident insurance coverage for all Inter-scholastic Sports.

Full Excess means that the parents' insurance must be used first. Any medical expense not covered by their insurance can be submitted under the full excess policy, and will be paid on a usual and reasonable basis.

We hereby certify that \_\_\_\_\_ was born in the City of \_\_\_\_\_ State of \_\_\_\_\_  
month \_\_\_\_\_, day \_\_\_\_\_, year \_\_\_\_\_.

Parent or Guardian's Signature \_\_\_\_\_ Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

***FOR PHYSICIAN ONLY***

I hereby certify \_\_\_\_\_ was examined by me and found to physically fit to engage in all high school athletics.

Examination Date \_\_\_\_\_ Physician Signature \_\_\_\_\_

The above named student, having met the requested regulations, is permitted to be issued equipment for \_\_\_\_\_.

\_\_\_\_\_ Head Coach