

HACKENSACK PUBLIC SCHOOLS

Hackensack, New Jersey 07601
High School Athletic Department

PLAYER-PARENT AGREEMENT

This form along with the Concussion Form, ImPact Consent Form, Steriod Testing Consent Form, blue Health History Form, and if applicable, the completed physical exam must be returned to the Nurse's Office.

Student's Name: _____ Hrm: _____ Gr: _____

Sport: _____ (*one sport only*)

I request permission to practice and play in games during the season of the sport named above. I will be responsible for and return all equipment loaned to by the school.

Player's Signature: _____ Date: _____

It is the policy of the Hackensack Schools to engage a team physician and/or an athletic trainer for most athletic practices and competitions. These specialists are to be called upon to administer emergency treatment only to an injured member of an athletic squad. Further treatment may be rendered by the family physician. The school will not be responsible for bills incurred beyond those covered by school insurance.

The above activity involves the potential 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 these rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in disability, paralysis or even death.

MY CHILD HAS MY PERMISSION TO PLAY IN THE SCHOOL SPORT NAMED ABOVE. I WILL BE RESPONSIBLE FOR ATHLETIC EQUIPMENT LOANED.

Parent's Signature: _____ Date: _____

**If student does NOT attend Hackensack High School, please list the following information.*

School that child attends: _____ Town (of school) _____

Home address: _____ Phone: _____

James Montesano
Principal

Dave Petrella
Director of Athletics

For Office Use Only

ImPact Date: _____

Physician's Name: _____

Physical Date: _____

Nurse Initials & Date: _____