



James P. Cody
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State Mandated Athletic Fact Sheet Signoff

The state has recently enacted new requirements for student athletes to participate in sports activities. The school district must distribute the NJ Department of Education Concussion and Head Injury Fact Sheet, Sudden Cardiac Death in Young Athletes Pamphlet, Sports Related Eye Injury Fact Sheet and Opioid Use and Misuse Fact Sheet to each student-athlete and to the parents or guardians of the student-athletes as part of the student's pre-participation physical examination and completion of the athletic permission forms. A student-athlete and the parent and/or guardian shall certify in writing that they received and reviewed the pamphlet.

Parents and guardians should be aware that such activity involves the potential for injury that is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of 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/we have read and understand this warning. I shall assume all responsibility and expense for any injury received in practice or participation. I also agree that he/she may accompany any team on regularly scheduled trips if he/she becomes a member of the team. I attest that this permission is effective unless and until revoked in writing by the signatory. Although the school may assist parents, the responsibility for adjustment of any insurance claims lies with the parents.

After parent/guardian and student athlete have read and reviewed the enclosed documents please sign on page two. By evidence of your signatures, you are testifying that you have received the forms, understand, acknowledge, and accept all language presented to you in enclosed documents. Only return this sign off sheet. DO NOT RETURN the informative pamphlets or fact sheets. Additional copies are available online.

"Committed to Excellence"

www.rivervaleschools.com



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I hereby give my consent to the participation of:

STUDENT'S FULL NAME (Printed): _____ GRADE: _____

in the following sport(s) conducted by the school against other schools and within the school. (circle all that apply):

- | | | |
|-------------------|-------------------|-----------------|
| Boys' Soccer | Boys' Basketball | Boys' Baseball |
| Girls' Soccer | Girls' Basketball | Girls' Softball |
| Girls' Volleyball | Wrestling | Track |
| Intramurals | Bowling | Golf |

Concussion Acknowledgement (N.J.S.A 18A:40-41.3)

I, the parent/guardian along with my son/daughter, whose signature appears below; have received, read and understand the [Concussion and Head Injury Fact Sheet](#). I/we understand the risks associated with continuing to play with the signs & symptoms of a concussion. I/we understand that a student athlete that has sustained a concussion must complete the graduated return to play protocol before they may resume competition or practice. Head Injuries that occur outside of interscholastic athletics must be reported to the school.

Sudden Cardiac Death in Young Athletes (N.J.S.A 18A:40-41)

I/We acknowledge that we received and reviewed the [Sudden Cardiac Death in Young Athletes pamphlet](#).

Sports Related Eye Injuries (N.J.S.A 18A:40-41.9 (b))

I/We acknowledge that we have received and reviewed the [Sports Related Eye Injury Fact Sheet](#).

Opioid Use and Misuse (N.J.S.A 18A:40-41.10)

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this [Opioid Use and Misuse Educational Fact Sheet](#) to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

I/We have read the above statements, understood them and hereby grant my permission for my son/daughter to participate.

Student Name (please print)

Student Signature

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date