

Willingboro High School  
20 S. John F. Kennedy Way, Willingboro, NJ 08046  
(609) 835-8800, x3065/3066  
Leon Owen, Athletic Director

Consent Form

Athletic Application for (Print Name) \_\_\_\_\_  
Sport \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

I recognize my responsibilities if I try out for the above sport(s). I will make it a point to govern myself so that my association with the sport will bring honor to it and the school. If I violate the school code of conduct and receive a suspension from school, it will be a minimum, 30 days loss of privilege and/or termination from the team.

If extended the privilege to make the team, I will:

- a. Train consistently as advised by the coach.
- b. Abide by all training/team rules.
- c. Make a serious endeavor to keep up my studies and remain eligible throughout the year.
- d. Abide by the school districts rules and regulations.
- e. Conduct myself at all times so that I will bring credit to my team and school.
- f. Attend study table that is required by the Athletic Department. Failure to do so can result in dismissal from the team.
- g. Students must ride on the team bus to & from the games unless parents submit a written note to the coach beforehand in order to make an exception to this privilege.
- h. Parents/Guardians and students are responsible for returning all school issued equipment and uniforms. Failure to do so will result in a monetary obligation for said equipment. Students will not be able to participate in any other sports until this obligation is satisfied.
- i. Notify the coach when absent from school and provide a note from the doctor or parent/guardian. During an absence from school a student is not allowed to attend practice. Students must communicate with your coach.
- j. Report all injuries immediately to the coach and the athletic trainer to ensure proper examination
- k. Refrain from any hazing or bullying of any kind; which also includes forms of social media.

I promise, on my word of honor, to do the above.

Student's Signature: \_\_\_\_\_

I/we give our permission for \_\_\_\_\_ to participate in organized high school athletics, 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 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.

In addition, I give permission to the school and its officials to provide treatment and transport my child to/from school for physicals, practice and sporting events for emergency purposes only.

We have read the attached policy pertaining to Athletic Competition and Prevention and Treatment of Sports-Related Concussions and Head Injuries and understand the content.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian Signature/Date