

SOUTHERN REGIONAL HIGH SCHOOL DISTRICT
OF OCEAN COUNTY



Manager Permit Form

School Year _____

Last Name: _____ First Name: _____ ID#: _____ Sex _____

Grade: _____ Homeroom Teacher: _____ Sport: _____ Season _____

Birthdate: _____ Birthplace: Town: _____ State: _____

Home Address: _____

Home Phone: _____ Parent/guardian Name: _____

Emergency Contact Name: _____ Emergency Phone #: _____

Transfer in this year? _____ If yes, from what school? _____

CODE OF CONDUCT:

All student athletes participating in both the high and middle school interscholastic athletic programs are held to the highest standard of character and sportsmanship. Each coach will issue our Board of Education approved Student/Parent Athletic Handbooks. I/we acknowledge that we have read and reviewed the handbook. Further I/we have reviewed and understand the student athlete and activities discipline procedure and do agree to abide by the rules and regulations of the procedure.

INFORMED CONSENT:

Realizing that such activity involves the potential for injury which is inherent in all sports, /we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of the 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 give permission for my child to participate in

Sport: _____

Student signature: _____ Parent Signature: _____

Date: _____