

**ATLANTIC CHRISTIAN SCHOOL**  
**Athletics, Intramurals and Activities permission form**

School Year \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

I hereby consent to have my son/daughter participate in sports/activities supervised by the teaching staff or coaching on or away from school grounds.

I hereby authorize the staff member in charge to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician called by the staff member may treat and do whatever is necessary for the health and well being of my son or daughter.

It is understood that a conscientious effort must be made to notify me (parents) before such action will be taken. I also agree to accept responsibility for the cost of the above medical services.

FAMILY DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN ADDRESS \_\_\_\_\_

MOTHERS NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

FATHERS NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

**PLEASE LIST TWO PEOPLE WE MAY CONTACT IF WE ARE UNABLE TO REACH YOU THE PARENT**

EMERGENCY CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FATHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY# \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**ATLANTIC CHRISTIAN SCHOOL**  
391 Zion Road  
Egg Harbor Township, NJ 08234

**ATHLETICS TRANSPORTATION RELEASE FORM**  
**6<sup>th</sup> –12<sup>th</sup> Grade Students**

**School Year** \_\_\_\_\_

I, \_\_\_\_\_ give my child, \_\_\_\_\_, permission to travel with the team(s) checked below. I release the driver of the vehicle from any unforeseen accidents that may occur. I realize that the driver of the vehicle may or may not be an employee of Atlantic Christian School. I recognize that anyone driving my child is performing a service for my child and the school by providing transportation for practices and games.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Please check ALL appropriate sports for the \_\_\_\_\_ (current school year) athletic season:

\_\_\_ Boys'/Girls' Soccer

\_\_\_ Softball

\_\_\_ Cheerleading

\_\_\_ Baseball

\_\_\_ Boys'/Girls' Basketball

\_\_\_ Manager

\_\_\_ Golf

\_\_\_ Track & Field

***Please return this form to the school office,  
to the attention of the Athletic Director, no later than the first day of school.***

**ATLANTIC CHRISTIAN SCHOOL**  
**391 Zion Road**  
**Egg Harbor Township, NJ 08234**

**ATHLETICS COMPETITION HEALTH SCREENING FORM**  
**6<sup>th</sup> –12<sup>th</sup> Grade Students**

School year \_\_\_\_\_

NAME \_\_\_\_\_  
 SCHOOL \_\_\_\_\_  
 AGE \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_ SEX \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_

**HEALTH HISTORY**

Parent or Guardian  
 Answer "Yes" or "No"

Chronic/Recurrent Illness Y or N  
 Hospitalization Y or N  
 Surgery Other Than Tonsils Y or N  
 Injuries Treated by Physician Y or N  
 Current Medications Y or N  
 Organs Missing Y or N  
 Heat Exhaustion/Stroke Y or N  
 Dizziness, Fainting, Y or N  
 Convulsions and/or Headaches Y or N  
 Knocked Out Y or N  
 Concussion Y or N  
 Wear Glasses or Contacts Y or N  
 Hearing Defects Y or N  
 Dental Appliances Y or N  
     Bridge/Braces/Cap/Plate Y or N  
 Cough/Pain Y or N  
 Problems with blood pressure, Y or N  
     Heart, or Murmurs Y or N  
 Problems with Liver, Spleen, Y or N  
     Kidney Y or N  
 Hernia Y or N  
 Recurrent Skin Disease Y or N  
 Bone/Joint Injury Y or N  
 Sprain/Dislocation Y or N  
 Injury that Caused a Missed Y or N  
     Practice/event Y or N  
 Allergy to medications Y or N  
     Name: \_\_\_\_\_  
 Tetanus Booster w/i 10 years Y or N

VITALS	Satisfactory Yes or No	Comments
Ht.	Y or N	
Wt.	Y or N	
BP	Y or N	
General	Y or N	
HEAD	Y or N	
EYES	Y or N	ACUITY R___ L___
ENT.	Y or N	
DENTAL	Y or N	
CHEST	Y or N	
HEART	Y or N	
ABDOMEN	Y or N	
GENITALIA	Y or N	
SKIN	Y or N	
EXTREMITIES	Y or N	
BACK,NECK	Y or N	
ALLERGY	Y or N	

SUMMARY OF COMMENTS:

SPORTS PARTICIPATION APPROVED? Y or N  
 LIMITATIONS:

The above information is current and correct  
 to the best of my knowledge.

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

\_\_\_\_\_  
 Physician's Signature Date