



Edison High School

50 Boulevard of Eagles

Edison, New Jersey 08817

Telephone: (732)650-5200

ATHLETIC ACKNOWLEDGEMENT AND CONSET FORMS

Student's Name (print): _____

Grade: _____ Gender: M F Sport: _____

Parent/Guardian's Name (print): _____

Please read the Permission Form for Interscholastic Athletics, Student Accident Insurance and the Comprehensive Insurance Form. Along with the forms on Sports-Related Concussion and Head injury Fact Sheet, Sudden Cardiac Death Acknowledgement pamphlet, NJSIAA Steroid Testing policy/ Banned Drugs and the Student Athlete/Parent Athletic Handbook. Please fill out all the information on the top and bottom of this page and initial all spaces that you have read and understand the information provided. Return this form with the physical form. If you have any questions please contact the athletic office at 732-650-5200 x5261.

PLEASE INITIAL:

_____ 1. I have read and understand the Permission Form For Interscholastic Sports, along with the Student Accident Insurance and the Comprehensive Insurance Forms.

_____ 2. I have read and understand the Sports-Related Concussion and Head injury fact sheet.

_____ 3. I have read and understand the Sudden Cardiac death Acknowledgment pamphlet.

_____ 4. I have read and understand the NJSIAA Steroid Testing Policy/Banned Drugs.

_____ 5. I have read and understand the Student Athlete/Parent Athletic Handbook.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____