

# MANAGER FORMS

## ATHLETIC ELIGIBILITY FORM

**Please check one:**

- Barnegat High School  
 Russell O. Brackman Middle School  
 M.A.T.E.S.      Performing Arts Academy      A.L.P.S.      Home Schooled

### I. Student Information (Please complete this section.)

Name:			Home Phone:		
Last	First	Middle	Emergency Contact:		
Address:			Emergency Phone:		
Street	Town, State	Zip			
Are you a transfer student? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date of transfer:		Previous school:	
Date of Birth:		Sex: M F		City and State of Birth:	
Sport by Season:		Grade (Sept. 2024):		Age as of August 31, 2024:	
Fall:	Winter:	Spring:			

### II. Eligibility Information (This section is filled out by the school.)

Declared Eligible by:	Date	Signature	Comments		
Guidance				Credits Previous Year: (Fall/Winter Seasons)	Credits 1 <sup>st</sup> Semester: (Spring Season)
Medical				Physical Date:	
Athletic Office					
Principal					

### III. Barnegat Township Parental Permission (Please read and complete this section.)

1. I give my son/daughter \_\_\_\_\_ permission to participate in the interscholastic sport of \_\_\_\_\_.
2. I understand Russell O. Brackman Middle School students must meet District Policy 2430 criteria to be eligible to participate.  
I understand Barnegat High School students must meet NJSIAA eligibility requirements to participate.
3. I recognize that my son/daughter must have a comprehensive medical examination by the Medical Home recorded on the appropriate form prior to participation on any athletic team. In addition, a comprehensive medical history, recorded on the appropriate form, must accompany the student/athlete at the time of the physical. Both forms must be signed by the examining physician and filed with the health office.
4. I waive all claims for damages, remuneration, reimbursement or any other expenses in case of personal injury in conduct of the sport program and in all arrangements incidental thereto.
5. I understand that in case of interscholastic sports injury to my child, medical bills will be submitted to my insurance company first. Only those medical expenses not covered by my personal or group insurance are eligible for coverage by the Board of Education insurance policy up to established limits. I also understand that I am liable for any medical bills remaining after the above procedures have been carried out. It is suggested that I obtain personal medical insurance if a health insurance program does not cover my son/daughter.
6. I realize that the use, possession and/or distribution (in or out of school) of any chemical substance in any form are strictly prohibited. Chemical substances include, but are not limited to: alcoholic beverages, tobacco in any form, anabolic steroids, controlled dangerous substances, any chemical which release vapor or fumes causing intoxication inebriation, excitement, stupefaction or dulling of the brain or nervous system, as defined by N.J.S.A. 2A: 170-25.9, any mind altering or behavior altering substances used for purposes other than the treatment of illness, any prescription or over the counter medications except those for which permission to use has been granted. Violation of this policy by any student will invoke immediate sanctions as outlined by the student discipline policy regarding substance abuse.
7. I understand that N.J.A.C. 629.6.4 necessitates inclusion of a "cautionary" statement: Realizing that such activity involves the potential for injury which is inherent in all sports, I acknowledge that even with the best coaching, the use of the most protective equipment and strict observance of rules, injuries can be so severe as to result in total disability, paralysis or even death. I acknowledge/understand this warning.

**I have read and understand the above rules and regulations.**

<b>DATE:</b>	
	Signature of Parent/Guardian

<b>DATE:</b>	
	Signature of Student

## Barnegat Athletic Code of Conduct

The following model athletic code of conduct is promulgated in accordance with the provisions of P.L. 2002, chapter 74.

### **Preamble:**

Interscholastic and youth sports programs play an important role in promoting the physical, social and emotional development of children. It is therefore essential for parents, coaches and officials to encourage youth athletes to embrace the values of good sportsmanship and should lead by example by demonstrating fairness, respect and self-control.

**Sportsmanship and sportsman like conduct shall be defined as demonstrating fairness and respect for one's opponent and being gracious whether winning or losing. I therefore pledge to be responsible for my words and actions while attending, coaching, officiating or participating in a youth sports event and shall conform my behavior to the following code of conduct:**

1. I will not engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee.
2. I will not encourage my child, or any other person, to engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee
3. I will not engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
4. I will not encourage my child, or any other person, to engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant ,official or any other attendee.
5. I will not use drugs or alcohol while at a youth sports event and will not attend, coach, officiate or participate in a youth sports event while under the influence of drugs or alcohol.
6. I will not permit my child, or encourage any other person, to use drugs or alcohol at a youth sports event and will not permit my child, or encourage any other person, to attend, coach, officiate or participate in a youth sports event while under the influence of drugs or alcohol.
7. I will not engage in the use of profanity.
8. I will not encourage my child, or any other person, to engage in the use of profanity.
9. I will treat any coach, parent, player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
10. I will encourage my child to treat any coach, parent, player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
11. I will not engage in verbal or physical threats of abuse aimed at any coach, parent, player, participant, official or any other attendee.
12. I will not encourage my child, or any other person to engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
13. I will not initiate a fight or scuffle with any coach, parent, player, participant, official or any other attendee.
14. I will not encourage my child, or any other person, to initiate a fight or scuffle with any coach, parent, player, participant, official or any other attendee.

**I hereby agree that if I fail to conform my conduct to the foregoing while attending, coaching, officiating or participating in a youth sports event I will be subject to disciplinary action, including but not limited to the following in any order or combination:**

1. Verbal warning issued by a league, organization or school official.
2. Written warning issued by a league, organization or school official.
3. Suspension or immediate ejection from a youth sports event issued by a league, organization or school official who is authorized to issue such suspension or ejection by a school board or youth sports organization.
4. Suspension from multiple youth sports events issued by a league, organization or school official who is authorized to issue such suspension by a school board or youth sports organization.
5. Season suspension or multiple season suspension issued by a school board or youth sports organization.

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PRINT MOTHER'S NAME

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MOTHER'S SIGNATURE

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PRINT FATHER'S NAME

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FATHER'S SIGNATURE

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PRINT STUDENT'S NAME

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DATE



# **BARNEGAT SCHOOL DISTRICT** **ATHLETE EMERGENCY CONTACT FORM**

**(Coaches please keep this form on you to reference)**

## **STUDENT INFORMATION:**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Year in School (**circle**) 6 7 8 9 10 11 12

Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ Phone # \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION:**

Primary Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Primary phone# \_\_\_\_\_

Alternate phone # \_\_\_\_\_

Name of Alternate contact person \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate phone # \_\_\_\_\_

## **HEALTH CONDITIONS**

### **(CHECK OFF ALL THAT APPLY):**

\_\_\_\_\_ Asthma (**Asthma Action Plan must be on file with the nurse for the current school year**)

\_\_\_\_\_ Diabetes (**Diabetic Medical Management Care Plan must be on file with the nurse for current school year**)

\_\_\_\_\_ Epilepsy (**Seizure Action Plan must be on file with the nurse for the current school year**)

\_\_\_\_\_ Food Allergies (**Food Allergy and Anaphylaxis Emergency Care Plan must be on file with the nurse for the current school year**)

\_\_\_\_\_ Other (please list) \_\_\_\_\_

**In case of emergency, I give permission for my information to be released for emergency purposes. I also agree that any of my emergency contacts listed may be notified in an emergency, as needed.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_