

St. Peter's Prep Athletics

Parental Permission for Participation

I do hereby grant permission for my son _____ to participate in the _____ program with no restrictions. I understand this sport is fully sponsored by St. Peter's Prep and will be conducted under the rules and regulations set forth by local and state athletic governing bodies. I also understand my son will be permitted to participate in the program provided he abides by the rules set forth by the St. Peter's Prep athletic department, the coaching staff and the school's Student Handbook.

My son and I understand there is risk involved in any athletic activity and further acknowledge the possibility of bodily injury. In the event of an emergency requiring doctor's treatment I can be contacted at the phone numbers specified below. In the event I cannot be contacted, I designate the alternate person(s) listed below to serve as temporary guardian(s) for the purpose of authorization for recommended treatment.

Parent/Family Member

Name (please print clearly)

Phone # & Contact Hours

Name

Phone # & Contact Hours

Alternate Guardian

Name

Phone # & Contact Hours

Personal Information

Student/Athlete Home Phone # _____

Student/Athlete Homeroom _____

Student/Athlete DOB _____ Age _____ Place of Birth _____

Student/Athlete P.E. Schedule – Letter Days _____ Periods _____

Known Allergies _____

List Current Medications taken _____

Family Doctor _____ Telephone # _____

Primary Insurance Co. _____ Policy/I.D. # _____

(In the absence of primary insurance coverage the student/athlete will be covered within the limits of the Maksin Insurance policy carried by St. Peter's Prep. Expenses incurred beyond the school policy will be the responsibility of the Parent/Guardian of the student/athlete)

In the event of an extreme emergency, and none of the above can be reached, I hereby grant permission for the coach, _____ to act on my behalf.

Parent/Guardian Signature

Date

Parental Release – Transportation

Sport - _____

Date - _____

I, _____, as the parent or guardian of
(please print parent or guardian name)
_____ hereby grant permission for him to use alternative
(please print student name)
transportation to and from scheduled practices and contests. I release St. Peter's
Prep and its' staff from any and all potential liabilities that may arise during the
times he is traveling independently.

Parent/Guardian *(please sign)*



1161 Route 130, P.O. Box 487, Robbinsville, NJ 08691 609-259-2776 609-259-3047-Fax

NJSIAA STEROID TESTING POLICY

CONSENT TO RANDOM TESTING

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA's sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student's parent/guardian consent to random testing.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

NJSIAA Banned-Drug Classes 2010 - 2011

The term “related compounds” comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

Many nutritional/dietary supplements contain NJSIAA banned substances. In addition, the U. S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NJSIAA drug test. **The use of supplements is at the student-athlete’s own risk.** Student-athletes should contact their physician or athletic trainer for further information.

The following is a list of banned-drug classes, with examples of banned substances under each class:

(a) Stimulants

amiphenazole
amphetamine
bemigride
benzphetamine
bromantan
caffeine¹ (guarana)
chlorphentermine
cocaine
cropropamide
crothetamide
diethylpropion
dimethylamphetamine
doxapram
ephedrine
(ephedra, ma huang)
ethamivan
ethylamphetamine
fencamfamine
meclofenoxate
methamphetamine
methylenedioxymethamphetamine
(MDMA, ecstasy)
methylphenidate
nikethamide
pemoline
pentetrazol
phendimetrazine
phenmetrazine
phentermine
phenylpropanolamine (ppa)
picrotoxine
pipradol
prolintane
strychnine
synephrine
(citrus aurantium, zhi shi, bitter orange)
and related compounds

**(b) Anabolic Agents
anabolic steroids**

androstenediol
androstenedione
boldenone
clostebol
dehydrochlormethyl-
testosterone
dehydroepiandro-
sterone (DHEA)
dihydrotestosterone (DHT)
dromostanolone
epitrenbolone
fluoxymesterone
gestrinone
mesterolone
methandienone
methenolone

methyltestosterone
nandrolone
norandrostenediol
norandrostenedione
norethandrolone
oxandrolone
oxymesterone
oxymetholone
pregnelone
stanozolol
testosterone²
tetrahydrogestrinone
(THG)
trenbolone
**and related compounds
other anabolic agents**
clenbuterol

(c) Diuretics

acetazolamide
bendroflumethiazide
benzhiazine
bumetanide
chlorothiazide

chlorthalidone
ethacrynic acid
flumethiazide
furosemide
hydrochlorothiazide
hydroflumethiazide
methyclothiazide
metolazone
polythiazide
quinethazone
spironolactone
triamterene
trichlormethiazide
and related compounds

(d) Peptide Hormones & Analogues:

corticotrophin (ACTH)
human chorionic gonadotrophin (hCG)
leutenizing hormone (LH)
growth hormone (HGH, somatotrophin)
insulin like growth hormone (IGF-1)

**All the respective releasing factors
of the above-mentioned substances
also are banned:**
erythropoietin (EPO)
darbypoetin
sermorelin

(e) Definitions of positive depends on the following:

¹ for caffeine – if the concentration in urine exceeds 15 micrograms/ml

² for testosterone – if administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine of greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.

What can happen if my child/player keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child/player has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. Close observation of the athlete should continue for several hours.

An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the athlete is evaluated by a medical doctor or doctor of Osteopathy, trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.

You should also inform you child's Coach, Athletic Trainer (ATC), and/or Athletic Director, if you think that your child/player may have a concussion. And when it doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

www.nfhslearn.com

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

Please keep this form on file at the school. Do not return to the NJSIAA. Thank you.



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NJSIAA PARENT/GUARDIAN CONCUSSION POLICY ACKNOWLEDGMENT FORM

In order to help protect the student athletes of New Jersey, the NJSIAA has mandated that all athletes, parents/guardians and coaches follow the NJSIAA Concussion Policy.

A concussion is a brain injury and all brain injuries are serious. They may be caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

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| <ol style="list-style-type: none">1. Headache.2. Nausea/vomiting.3. Balance problems or dizziness.4. Double vision or changes in vision.5. Sensitivity to light or sound/noise.6. Feeling of sluggishness or fogginess.7. Difficulty with concentration, short-term memory, and/or confusion.8. Irritability or agitation.9. Depression or anxiety.10. Sleep disturbance. |
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Signs observed by teammates, parents and coaches include:
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| <ol style="list-style-type: none">1. Appears dazed, stunned, or disoriented.2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent)3. Exhibits difficulties with balance or coordination.4. Answers questions slowly or inaccurately.5. Loses consciousness.6. Demonstrates behavior or personality changes.7. Is unable to recall events prior to or after the hit. |
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