

**PLEASE PRINT CLEARLY**  
*(Please Return to Coach)*

PEMBERTON TOWNSHIP HIGH SCHOOL  
ATHLETIC DEPARTMENT

***Participation Form***

As a NJSIAA and BCSL member school, our sports teams can only compete against other schools who sponsor an organized team. All student participants on the athletic teams will be required to participate in after school or weekend practice sessions with the interscholastic contest to be played after school, evenings or weekends. Proper equipment and supervision will be provided for all boys and girls participating on the various teams.

**MEDICAL REQUIREMENTS**

Our school rules require that all students must pass a licensed physician's or licensed nurse practitioners (SP) physical examination prior to participation in any sport. **The school physical is the only form acceptable.**

I/We hereby request that \_\_\_\_\_ be permitted to participate in \_\_\_\_\_  
(Student's full name, please no nicknames)

and request that he/she may attend practice sessions, make all trips scheduled for the teams, and agree to be responsible for all school equipment made available for his/her use. I/We acknowledge the possible physical hazards that may occur in any activity and the possibility of injury or death. I/We acknowledge that I/we have read and understood this warning.

Date \_\_\_\_\_ Parents/Guardians Signature \_\_\_\_\_

Parents/Guardians Name \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Emergency Telephone Number \_\_\_\_\_ Contact Person \_\_\_\_\_

**PARENTS PLEASE NOTE:**

**Accidents and/or Injury Procedure:** All accidents/injuries are to be reported to the Coach, Nurse, or Athletic Trainer immediately. A Notification of Injury Form can be obtained from the Nurse or Athletic Trainer.

In order to get maximal coverage for any accident/injury, you must follow the rules of your primary health insurance carrier. The school insurance is a secondary coverage carrier and takes over after primary expires. If you have military insurance (Tricare) or have no insurance, the school insurance is primary. Read the information in the student/athlete handbook or contact the athletic trainer for any and all questions.

- Eligibility Procedure:**
1. NJSIAA rules and regulations are enforced at all times.
  2. Safety precautions are always stressed.
  3. The Athletic Supervisor will answer questions regarding your eligibility.

**Busing Procedure:** Attached is the Activity Bus Schedule and all information concerning transportation.

**Athletes please fill out:** Date of Birth \_\_\_\_\_ Grade/Homeroom \_\_\_\_\_

Date entered 9<sup>th</sup> Grade: \_\_\_\_\_ Date of most recent Physical: \_\_\_\_\_

Eligibility Credits Earned end of last school year: \_\_\_\_\_; Need 15.00 credits for Fall & Winter/Season Eligibility

Eligibility Credits Earned end of 1<sup>st</sup> Semester: \_\_\_\_\_; Need 30.00 credits for Spring Season Eligibility

List the sport(s) in which you have earned a letter.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Joe McColgan  
Supervisor of Athletics/HPE

## **NEW JERSEY INTERSCHOLASTIC ATHLETIC ASSOCIATION**

Enclosed are a "steroid testing permission slip" and a list of NJSIAA banned drug classes and Substances. Please remember:

**All parents/guardians and student athletes must sign the enclosed permission form before participating in interscholastic sports. Failure to sign the consent form renders the student athlete ineligible.**

**The list of banned drug classes and substances must be included with the permission form.**

**It shall be considered a violation of the NJSIAA Sportsmanship rule for any student athlete to possess, ingest or otherwise use any of the substances on the list of banned substances, without a written prescription by a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition.**

# 2016-17 NJSIAA Banned Drugs

**IT IS YOUR RESPONSIBILITY TO CHECK WITH THE APPROPRIATE OR DESIGNATED ATHLETICS STAFF BEFORE USING ANY SUBSTANCE**

The NJSIAA bans the following classes of drugs:

- Stimulants
- Anabolic Agents
- Alcohol and Beta Blockers
- Diuretics and Other Masking Agents
- Street Drugs
- Peptide Hormones and Analogues
- Anti-estrogens
- Beta-2 Agonists

**Note: Any substance chemically related to these classes is also banned.**

**THE INSTITUTION AND THE STUDENT-ATHLETE SHALL BE HELD ACCOUNTABLE FOR ALL DRUGS WITHIN THE BANNED DRUG CLASS REGARDLESS OF WHETHER THEY HAVE BEEN SPECIFICALLY IDENTIFIED.**

## Drugs and Procedures Subject to Restrictions

- Blood Doping
- Gene Doping
- Local Anesthetics (under some conditions)
- Manipulation of Urine Samples
- Beta-2 Agonists permitted only by prescription and inhalation

## NJSIAA Nutritional/Dietary Supplements Warning

Before consuming any nutritional/dietary supplement product, review the product with the appropriate or designated athletics department staff!

- Dietary supplements, including vitamins and minerals, are not well regulated and may cause a positive drug test result.
- Student-athletes have tested positive and lost their eligibility using dietary supplements.
- Many dietary supplements are contaminated with banned drugs not listed on the label.
- Any product containing a dietary supplement ingredient is taken at your own risk.

**NOTE TO STUDENT-ATHLETES: THERE IS NO COMPLETE LIST OF BANNED SUBSTANCES. DO NOT RELY ON THIS LIST TO RULE OUT ANY SUPPLEMENT INGREDIENT. CHECK WITH YOUR ATHLETICS DEPARTMENT STAFF PRIOR TO USING A SUPPLEMENT. REMINDER: ANY DIETARY SUPPLEMENT INGREDIENT IS TAKEN AT THE STUDENT'S OWN RISK.**

**Some Examples of NJSIAA Banned Substances in Each Drug Class**  
**Do NOT RELY ON THIS LIST TO RULE OUT ANY LABEL INGREDIENT.**

**Stimulants**

Amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; fenfluramine (Fen); methamphetamine; methylphenidate (Ritalin); phentermine (Phen); synephrine (bitter orange); methylhexaneamine, "bath salts" (mephedrone); Octopamine; DMBA; etc.

*exceptions:* phenylephrine and pseudoephedrine are not banned.

**Anabolic Agents** (sometimes listed as a chemical formula, such as 3,6,17-androstenetrione)

Androstenedione; boldenone; clenbuterol; DHEA (7-Keto); epi-trenbolone; etiocholanolone; methasterone; methandienone; nandrolone; norandrostenedione; ostarine, stanozolol; stenbolone; testosterone; trenbolone; SARMS (ostarine); etc.

**Alcohol and Beta Blockers**

Alcohol; atenolol; metoprolol; nadolo; pindolol; propranolol; timolol; etc.

**Diuretics (water pills) and Other Masking Agents**

Bumetanide; chlorothiazide; furosemide; hydrochlorothiazide; probenecid; spironolactone (canrenone); triameterene; trichlormethiazide; etc.

**Street Drugs**

Heroin; marijuana; tetrahydrocannabinol (THC); synthetic cannabinoids (eg. spice, K2, JWH-018, JWH-073)

**Peptide Hormones and Analogues**

Growth hormone (hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); etc.

**Anti-Estrogens**

Anastrozole; tamoxifen; formestane; ATD, clomiphene; SERMS (nolvadex); etc.

**Beta-2 Agonists**

Bambuterol; formoterol; salbutamol; salmeterol; higenamine; norcuclaurine; etc.

**ANY SUBSTANCE THAT IS CHEMICALLY RELATED TO THE CLASS, EVEN IF IT IS NOT LISTED AS AN EXAMPLE, IS ALSO BANNED! IT IS YOUR RESPONSIBILITY TO CHECK WITH THE APPROPRIATE OR DESIGNATED ATHLETICS STAFF BEFORE USING ANY SUBSTANCE.**

*NJSIAA*



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

## **Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form**

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district's graduated return-to-play protocol.

### **Quick Facts**

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion

### **Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)**

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

### **Symptoms of Concussion (Reported by Student-Athlete)**

- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision
- Sensitivity to light/sound
- Feeling of sluggishness or fogginess
- Difficulty with concentration, short term memory, and/or confusion

**What Should a Student-Athlete do if they think they have a concussion?**

- **Don't hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it.** Don't return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

**What can happen if a student-athlete continues to play with a concussion or returns to play too soon?**

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

**Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?**

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing-even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

**Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:**

- **Step 1:** Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- **Step 2:** Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- **Step 3:** Sport-specific exercise including skating, and/or running; no head impact activities. The objective of this step is to add movement.
- **Step 4:** Non contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- **Step 5:** Following medical clearance (consultation between school health care personnel and student-athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- **Step 6:** Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

[www.cdc.gov/concussion/sports/index.html](http://www.cdc.gov/concussion/sports/index.html)

[www.nfhs.com](http://www.nfhs.com)

[www.ncaa.org/health-safety](http://www.ncaa.org/health-safety)

[www.bianj.org](http://www.bianj.org)

[www.atsnj.org](http://www.atsnj.org)

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Print Student-Athlete's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date

**PEMBERTON TOWNSHIP HIGH SCHOOL  
PEMBERTON, NEW JERSEY**

**ATHLETIC CODE FOR PEMBERTON TOWNSHIP HIGH SCHOOL**

**SPORT:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

As a candidate for the above sport activity, I agree to faithfully abide by the standards and understandings listed below. I understand that my participation in the activity shown above is a privilege that may be revoked at such time standards are not maintained.

1. I will maintain a standard of behavior and dress, on and off the field that will reflect credit on my school.
2. I will endeavor to reach my maximum potential in scholastic achievement.
3. I will comply with all training regulations, keeping physically fit and mentally alert.
4. I will maintain a high standard of citizenship in school and out of school.
5. I will be responsible for any/all equipment issued to me, returning it or paying for its replacement at the season's end.
6. I realize busing is a privilege and my conduct will be that which is expected.
7. I will attempt to be a leader of my peers both on and off the field.
8. I will be responsible for locking and/or securing my valuables at all times.
9. Smoking, alcohol, drugs, and/or other substance use are in direct violation of the most basic training rules and may result in the termination of my participation in the activity.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



PEMBERTON TOWNSHIP HIGH SCHOOL  
Pemberton, New Jersey 08068

ATHLETIC DEPARTMENT

HORNETS

ACTIVITY TRANSPORTATION RELEASE

The school is not authorized to allow students to be transported, at any time or by any other means, other than the school bus, or by parents or guardians in their own vehicle.

If parents or guardians chose to allow their child to be transported by a vehicle not provided by school, they must assume full responsibility for their safety. The school prefers that students be transported by the school bus, when one is available.

Please list the names of any person (s) with whom your child is permitted to ride and sign the form in the space provided. You hereby will assume full responsibility for the safety and care of your child.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Name: Parent/Guardian

\*\*\*\*\*

NOTE: Students who are eighteen (18) or older may sign this release for themselves.

\_\_\_\_\_

Date

\_\_\_\_\_

Name: Student Over Eighteen