



Middle Township Athletics

Athletic Director
Sharon Rementer
465-1852 x5521
rementer@middletwp.k12.nj.us

Athletic Trainer
Amy Adair
465-1852 x5207
adaira@middletwp.k12.nj.us

Student Athlete/Parent Sign-Off Form

Student Name: _____ Grade: _____

This information should be reviewed online at:

<http://www.middletwp.k12.nj.us/middleschool/athletic-forms/>

If you are unable to access the forms online you must get paper copies from the Athletic Trainer or the School Nurse.

We have reviewed the following forms online:

- Concussion Education
- Impact Test Permission/Release of Results
- Opioid Use and Misuse Educational Fact Sheet
- Sudden Cardiac Death Awareness
- Sports Related Eye Injury Fact Sheet
- Steroid Testing by NJSIAA
- Parent Code of Conduct
- Student Code of Conduct

By signing below I/We acknowledge that we received and reviewed the concussion education form, the Impact Test permission form, the opioid use and misuse educational fact sheet, the sudden cardiac death pamphlet, the sports related eye injury fact sheet, the steroid testing release, and the parent and student code of conducts.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

This form is to be completed ONCE per school year. Starting with Summer/Fall sports.