



**SCHOOL OF  
ST. ELIZABETH**  
BERNARDSVILLE, NEW JERSEY

# Athletic Participation Forms and Information

**ALL DOCUMENTS MUST BE RETURNED BY AUGUST 15, 2025**

Please carefully review all forms and information included in this document. Many require signature from both the student athlete and a parent/guardian. **Students will not be permitted to practice or participate in sports programs until completed forms are received.**

**YOUR CHILD WILL NOT BE PERMITTED TO PRACTICE OR PARTICIPATE IN ANY FALL SPORT UNTIL FORMS ARE RETURNED.**

**\*IMPORTANT\***

All forms must be printed, signed **IN INK**, and returned to School of St. Elizabeth. **Please use the checklist on page 2** to ensure you've included all required forms and completed all required tests.

QUESTIONS? Please email [SportsForms@steschool.org](mailto:SportsForms@steschool.org)

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## **PRINT AND RETURN INSTRUCTIONS:**

Return completed forms in person or mail to:  
School of St. Elizabeth ATTN: School Nurse  
30 Seney Drive, Bernardsville, NJ 07924

**Summer Hours:**

**School office is open from 8 AM - 12 PM, Monday - Thursday.  
School office will be CLOSED on Fridays.**



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## ATHLETIC FORMS CHECKLIST

Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

### FORM

### PARENT INITIAL

<input type="checkbox"/> Preparticipation Physical Evaluation <b>Medical Eligibility Form</b> (signed by physician) Valid for 365 days from date of exam)	
<input type="checkbox"/> Athletic Program Registration Form	
<input type="checkbox"/> Health History Update Questionnaire (Complete before each sports season)	
<input type="checkbox"/> Athletics Acknowledgement Form (Requires review and signature)	
Concussion and Head Injury Fact Sheet	
<input type="checkbox"/> Communicable Disease Release of Liability and Assumption of Risk Agreement	
<input type="checkbox"/> Opioid Use and Misuse Educational Fact Sheet (Requires review and signature)	



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## 2025-26 ATHLETIC ACKNOWLEDGEMENT FORM

Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

This form acknowledges you've received and reviewed the following documents within the Athletics Form packet:

- The St. Elizabeth Athletics Program Policies and Procedures
- State of NJ Department of Education Sports-Related Concussion and Head Injury Fact Sheet
- State of NJ Department of Education Sudden Cardiac Death Pamphlet
- State of NJ Department of Education Sports Related Eye Injuries Fact Sheet
- State of NJ Department of Education Opioid Use and Misuse Fact Sheet

I/We acknowledge that we received and reviewed the documents indicated above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



**SCHOOL OF  
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**2025-26 SOSE ATHLETICS  
REGISTRATION FORM**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

**PREFERRED EMAIL FOR COMMUNICATION REGARDING SPORTS:**

\_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE PROVIDE BEST CONTACT INFORMATION:**

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_

**Please allow our son/daughter to compete in St. Elizabeth in the following school athletics program/s:** *Programs may be added pending coaches / facility availability.*

Fall Co-ed Cross Country - Grades 3-8

Winter CYM Girls Basketball - Grades 3-8

Fall Co-ed Volleyball - Grades 5-8

Winter CYM Boys Basketball - Grades 3-8

Fall Girls Field Hockey - Grades 5-8

Spring Co-ed Track & Field - Grades 3-8

I/We the parents/guardians of the above-named child(ren), who is/are a candidate for an athletic position on the School of Saint Elizabeth's Team/s, hereby give my/our son/daughter approval for participation. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do hereby release, absolve, indemnify and hold harmless organizers, supervisors and any person transporting my/our child to and from the activities. I/We understand that the organizers carry limited medical insurance and that in the event of an injury the student will not be reinstated unless a note from a physician is presented to the administrator in charge. I also understand that participation in athletic programs is subject to the Student/Parent Covid-19 School Activities Release and Hold Harmless Agreement.

**We have read the Saint Elizabeth Athletic Policies and Procedures and understand our responsibilities.**

\_\_\_\_\_  
Student Athlete Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Athletic Association Fee:**  \$250.00 per student  \$450.00 (Maximum fee for family)

**The Association Fee will be charged through your FACTS account.**

*The Athletic Association Fee covers league fees, first aid kits, equipment, officials, Athlete Award and other program expenses.*



To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_ Sport: \_\_\_\_\_

**Since the last pre-participation physical examination, has your son/daughter:**

1. Been medically advised not to participate in a sport?  Yes  No

If yes, describe in detail:

\_\_\_\_\_

2. Sustained a concussion, been unconscious or lost memory from a blow to the head?  Yes  No

If yes, describe in detail:

\_\_\_\_\_

3. Broken a bone or sprained/strained/dislocated any muscle or joints?  Yes  No

If yes, describe in detail:

\_\_\_\_\_

4. Fainted or "blacked out?"  Yes  No

If yes, was this during or immediately after exercise?  Yes  No

5. Experienced chest pains, shortness of breath or "racing heart?"  Yes  No

If yes, please explain:

\_\_\_\_\_

6. Has there been a recent history of fatigue and unusual tiredness?  Yes  No

7. Been hospitalized or had to go to the emergency room?  Yes  No

If yes, describe in detail:

\_\_\_\_\_

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?"  Yes  No

9. Started or stopped taking any over-the-counter or prescribed medications?  Yes  No

10. Been diagnosed with Coronavirus (COVID-19)?  Yes  No

If diagnosed with COVID-19, was your son/daughter symptomatic? Yes No

If diagnosed with COVID-19, was your son/daughter hospitalized? Yes No

11. Has any member of the student-athlete's household been diagnosed with (COVID-19)? Yes No

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



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

*(Continued on next page)*

## 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.

*(Continued on next page)*

- **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 the following links:

[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)

\_\_\_\_\_  
Print Name of Student Athlete

\_\_\_\_\_  
Print Name of Parent/Guardian

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





**SCHOOL OF  
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**COMMUNICABLE DISEASE  
RELEASE OF LIABILITY AND  
ASSUMPTION OF RISK AGREEMENT**

In consideration of being allowed to participate in any way in the School of Saint Elizabeth Athletics Program and all related events and activities, including invitational meets hosted by others schools participating in the North Jersey Catholic School Track Association races and the Dioceses of Metuchen sports leagues, I the undersigned, acknowledge, appreciate, and agree that:

- I am aware that participating in these activities exposes me, my student-athlete(s), and my family to risks directly or indirectly arising out of, contributed to, by, or resulting from exposure to and/or an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.
- I, FOR MYSELF, SPOUSE, AND CHILD, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined herein) or others, and assume full responsibility for my child's participation. I accept and assume such risks in consideration of the social, health, and spiritual benefits provided by the Releasees in connection with these activities.
- I, FOR MYSELF, SPOUSE, AND CHILD, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the School of Saint Elizabeth, the schools participating in inter-school meets and their Parishes (including but not limited to St. James, St. Patrick School, Assumption School, St. James School, and Our Lady of Mt. Carmel), the Dioceses of Metuchen, Paterson and Newark, the Bishops of Metuchen, Paterson, and Newark, the North Jersey Catholic School Track Association, Bishop Checchio, and Father John Siceloff, and all of their officers, officials, agents and/or employees, volunteers (including coaches, league managers, and competition/race officials), other participants, sponsors, advertisers, and the owners and lessors of premises used to conduct practices and races (collectively as the "RELEASEES"), from any and all claims, demands, losses, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I may suffer, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- I, as parent, assert that I have explained to my child the risks of the activity and his/her responsibilities for adhering to the rules and regulations, and that my child understands this agreement.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING WITH IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
Print Name of Student Athlete

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Print Name of Student Athlete

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name of Student Athlete

\_\_\_\_\_  
Date



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## Opioid Use/Misuse Sign-Off

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this Opioid Use and Misuse Educational Fact Sheet to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

This sign-off sheet is due to the appropriate school personnel as determined by your district prior to the first official practice session of the spring 2018 athletic season (March 2, 2018, as determined by the New Jersey State Interscholastic Athletic Association) and annually thereafter prior to the student-athlete's or cheerleader's first official practice of the school year.

**CLICK HERE**



**BEFORE SIGNING - click to review the  
Opioid Use and Misuse Educational Fact Sheet**

Name of School: \_\_\_\_\_

**I/We acknowledge that we received and reviewed the Educational  
Fact Sheet on the Use and Misuse of Opioid Drugs.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



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## Sudden Cardiac Death in Young Athletes

The State of New Jersey Department of Education has compiled basic facts about Sudden Cardiac Death in Young Athletes. This document was authored by the American Academy of Pediatrics, New Jersey Chapter, written by Sushma Raman Hebbar, MD & Stephen G. Rice, MD PhD. Additional collaborators include the American Heart Association, New Jersey Department of Education and the New Jersey Department of Health.

**CLICK HERE** 

Click here to review the Sudden Cardiac Death in Young Athletes pamphlet.

You can also view the document by visiting the direct link:

<https://www.state.nj.us/education/students/safety/health/services/cardiac.pdf>



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# State of NJ Department of Education Sports Related Eye Injuries Fact Sheet

Participating in sports and recreational activities is an important part of a healthy, physically active lifestyle for children. Unfortunately, injuries can, and do, occur. Children are at particular risk for sustaining a sports-related eye injury and most of these injuries can be prevented. Every year, more than 30,000 children sustain serious sports-related eye injuries. Every 13 minutes, an emergency room in the United States treats a sports-related eye injury.

Thankfully, there are steps that parents can take to ensure their children's safety on the field, the court, or wherever they play or participate in sports and recreational activities. The State of NJ Department of Education has compiled an educational fact sheet for parents which includes information on prevention, symptoms, and proper treatment in the event of a sports-related eye injury.

**CLICK HERE** 

Click here to review the Sports-Related  
Eye Injuries Educational Fact Sheet

You can also view the document by visiting the direct link:

<https://www.nj.gov/education/students/safety/health/SportsRelatedEyeInjury.pdf>



1. The STUDENT comes first in the word student-athlete. As stated in school policy passing grades and appropriate classroom behavior is required for participation. After grades are issued if a student has received a failing grade or "check" for behaves inappropriately he/she will be put on a two-week period of probation and not allowed to attend practice/games. If during this two week period the athlete shows improvement than he/she, with written teacher approval, may return to the sport.
2. Attendance will be kept at all practices and games. To be a member of a Saint Elizabeth athletic team the student must participate in all scheduled practices and games. This does not include excused practices / games. If you are unable to attend a practice or a game you must contact your coach 24 hours in advance.
3. St. Elizabeth practice and games take priority over other activities. If a student chooses to participate in another activity other than a scheduled sports practice, their choice will result in reduced playing time on the St. Elizabeth team. For those players who have attended practice, and have demonstrated effort and maturity, the coach will make every effort to play those players over the course of the season.
4. The goal of every St. Elizabeth athletic team is the individual development of the student athlete. Life lessons such as commitment to a team, the value of good sportsmanship, dealing with adversity, discipline and improvement of self through learning the fundamentals are taught and developed both at home and on the court/field during practice and games.
5. "Win at all costs" is not part of the St. Elizabeth Athletics Program. At the beginning of each game we expect our teams to play to win. We will play to win but substitute as the course of the game dictates. Our emphasis is Team, Team, Team and the individual development of the student athlete. Each win and loss is an opportunity to discuss how the game was played, what was learned, how the players feel they interacted and changes or strategies that need to be made for future games.
6. For grades 3-6, all athletes receive an equal amount of playing time for the first three quarters and the coach determines play-time for the fourth quarter. For grades 7 & 8, the coach determines play-time; we play to win but use the team. Equal play time does not apply to a team participating in an Independent Tournament. Play-time will be determined by the coach when participating in an Independent Tournament. The focus of all programs will be personal improvement through practice and play.
7. Teamwork, fair play and cooperation is emphasized at all practices and games. It involves attitude, fairness and a willingness to cooperate to have a successful experience for all. If a coach feels a player is acting in an unacceptable manner towards his teammates or coaches, that player will be given one warning and if the behavior continues the coach will ask them to leave practice or sit out a game. Team building and team social activities will be encouraged.
8. **Players are responsible for their uniforms and any other school equipment associated with the sport. If uniforms are not returned at the end of the season, the player will have to pay to replace them.**

9. Students must be supervised by an adult at all times. Students are to remain in the hall until their designated practice time. They may enter the gym when their coach arrives. There must be a parental volunteer, coach or teacher present when students are practicing.
10. Proper attire is required for all practices and games. Jewelry is prohibited.
11. All required forms and fee are required by the first week of school. All forms can be downloaded from the School of St. Elizabeth website.
12. Game equipment is provided; students should not bring equipment.
13. Only coaches, teachers or parents are allowed in the equipment room. Students are not allowed to go in the equipment room.
14. Students may have water bottles at practice / games. No food or other drink is allowed in the gym.
15. Parents will be required to volunteer for the Basketball Program and other sports as needed. Volunteer assignments for parents at games and meets are necessary for your child to participate in athletics.

## Preparticipation Physical Evaluation Medical Eligibility Form

The Medical Eligibility Form is the only form that should be submitted to school. It should be kept on file with the student's school health record.

Student Athlete's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Exam \_\_\_\_\_

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of
- Medically eligible for certain sports
- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: \_\_\_\_\_

I have reviewed the history form and examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings- are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Signature of physician, APN, PA \_\_\_\_\_

Office stamp (optional)

Address: \_\_\_\_\_

Name of healthcare professional (print) \_\_\_\_\_

I certify I have completed the Cardiac Assessment Professional Development Module developed by the New Jersey Department of Education.

Signature of healthcare provider \_\_\_\_\_

### Shared Health Information

Allergies \_\_\_\_\_

Medications:


Other information: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

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*\*This form has been modified to meet the statutes set forth by New Jersey.*