

WESTFIELD HIGH SCHOOL  
550 Dorian Road  
Westfield, New Jersey 07090

Office of Athletics  
[www.allthingswestfield.com/sports](http://www.allthingswestfield.com/sports)

Sandra Mamary  
Supervisor of Athletics

908-789-4512  
908-789-4183 FAX

**ATHLETIC REGISTRATION MATERIAL**

***\*\*All forms in this packet are to be returned to the athletic office\*\****

Dear Parent or Guardian:

In order to properly register your son/daughter as a candidate for participation in an interscholastic sport in the Westfield Public School system, the following forms must be completed and **returned as follows:**

1. **Registration/Parent Permission Form.** This form must be filled out and signed by the parent/guardian and student for each sport season and returned to the Athletic Office.
2. **NJSIAA Steroid Testing Policy-Consent to Random Testing Form.** This form, required by the State of New Jersey, must be signed by the student athlete and parent/guardian. **NO** student will be allowed to participate in any sport without giving written consent for testing. This form must be signed *once every school year* to cover all sports and is to be returned to the Athletic Office.
3. **NJSIAA Concussion Policy Acknowledgement Form.** This form must be signed by the student athlete and parent/guardian. This form must be signed *once every school year* to cover all sports and is to be returned to the Athletic Office.
4. **Westfield Booster Player Information-** This form should be completed once a year, updated as needed and returned to the Athletic Office.

**The following is included for your information:**

- **Insurance Letter.** This letter explains the insurance policy provided by the school district and provides information you may need should your son/daughter be injured and require medical attention.
- **Sudden Cardiac Death In Young Athletes** – information distributed per the directive of the State of NJ

**The Registration/Parent Permission form is due in the Athletic Office as follows:**

*All Fall Sports* \*\*Forms Due\*\* June 20<sup>th</sup>

*Early Winter Sports* (bowling, ice hockey, swimming) \*\*Forms Due\*\* November 2<sup>nd</sup>

*Winter Sports* \*\*Forms Due\*\* November 14<sup>th</sup>

*All Spring Sports* \*\*Forms Due\*\* February 20<sup>th</sup>

**The following forms must be completed and returned to the High School Health Office:**

**\*\*\* Health History Questionnaire-Part A\*\*\* & \*\*\* Physical Evaluation Form-Part B\*\*\***

***\*\*\*In order to be eligible to participate in a sport, please return the above completed forms to the Health Office PRIOR to the start of the season.***

All requested information must be included on all forms. Missing information from any form will be returned for completion and participation in the student's sport may be interrupted. **No student will be eligible for participation unless all required forms have been received by the designated offices.**

**THERE ARE NO EXCEPTIONS**

**Forms are available in the High School Athletic Office, Health Office and online**

For updated sports schedules, game statuses, and direction information, please visit our website at [www.allthingswestfield.com/sports](http://www.allthingswestfield.com/sports) before calling the athletic office.

Sincerely,

*Sandra Mamary*

Sandra Mamary  
Supervisor of Athletics

**WESTFIELD PUBLIC SCHOOLS**  
*Registration and Parent Permission Form*

This form must be filled out completely and exactly and signed before a student becomes a candidate for participation in any interscholastic sport of the Westfield Public Schools.

**PART 1-Student Participation Form (To be filled out and signed by candidate)**

**CIRCLE: -- Male or Female**

Name \_\_\_\_\_ Address \_\_\_\_\_ Sport \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_ 2011/12 School Year Grade \_\_\_\_\_

I, \_\_\_\_\_, hereby agree to conduct myself in an appropriate and acceptable manner according to the laws  
(name of student)

of the State and the rules and requirements of my school and coaches as a member of a Westfield interscholastic team and/or extracurricular and intramural activity. I recognize that I have accepted a challenge to be the best I can be by my participation in this activity. Excellence is a goal. I further recognize that I am a representative of the Westfield System. I, therefore, also agree that any "substance abuse" (including, without limitations, use of drugs, alcoholic beverages, smoking, and use of tobacco and/or any substance prohibited by and contrary to law) on or off school property as well as conduct contrary to law and/or school rules and rules of my coach will result in my dismissal from the above activity according to the policy set forth by the Board of Education. Further, I agree to be responsible for and will return all equipment issued to me or pay for that portion lost or unduly damaged.

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

*Have you participated on a freshman, junior varsity or varsity high school team while in the 7<sup>th</sup> or 8<sup>th</sup> grade? YES or NO*

**PART II-Parental Approval Form (To be filled out and signed by parent or guardian)**

Realizing that such activity involves the potential for injury, which is inherent in all sports, I/we acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/we have read and understand this warning.

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

Has your son or daughter had any injuries or operations since his or her last school physical? Yes \_\_\_ No \_\_\_

If "yes" please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*\*EMERGENCY CONTACT INFORMATION\*\*\*\*\***

*Please Print*

Parent/Guardian Name-\_\_\_\_\_ Cell Phone #-\_\_\_\_\_ Email-\_\_\_\_\_

Parent/Guardian Name-\_\_\_\_\_ Cell Phone #-\_\_\_\_\_ Email-\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell Phone #- \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell Phone #- \_\_\_\_\_

**PLEASE NOTIFY THE ATHLETIC OFFICE AND COACH OF ANY CHANGES TO ABOVE INFORMATION**