

# SAYREVILLE WAR MEMORIAL HIGH SCHOOL

## *PERMISSION TO PARTICIPATE IN CHEERLEADING TRYOUTS*

**Deadline:** Wednesday, May 1st

Student's Full Name: \_\_\_\_\_ Grade for 2019-2020 school year: \_\_\_\_\_

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Parent/Guardian's Name (please print): \_\_\_\_\_

By signing below, I give permission for my child to try out for the fall 2019 SWMHS cheerleading team. I recognize the potential risks posed to my child from engaging in physical activity. I understand that in order for my child to be eligible to participate in cheerleading tryouts, the following must be completed:

1. A completed copy of this permission form and Health History Update (reverse side) must be submitted to the nurses by **Wednesday, May 1<sup>st</sup>**.
2. A valid sports physical must be on file in the nurses' office, current as of May 14<sup>th</sup>, 2019. If a current sports physical is not on file, a new one must be completed and turned in to the nurses ASAP. Physicals received after Wednesday, May 1<sup>st</sup> are not guaranteed to be cleared for the start of tryouts.

In addition, I acknowledge that if my child makes the fall 2019 SWMHS cheerleading team, they will also be required to complete online registration, take the Impact test and submit a new Health History Update form before they can practice in August. The window to complete these requirements will be from June 1<sup>st</sup> to July 15<sup>th</sup>, only for those who actually make the fall cheerleading team. Details will be provided by the coaches once the team is selected.

I confirm that I have read all pertinent links on the [www.sayrevillek12.net](http://www.sayrevillek12.net) website under "Athletics" and then "Athletic Online Registration and District Forms".

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### EMERGENCY CONTACT INFORMATION

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell/Work Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell/Work Phone Number: \_\_\_\_\_

\* *In the event that the parents cannot be reached, please list an alternate contact person below:*

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**SAYREVILLE ATHLETICS**  
**HEALTH HISTORY UPDATE**

Student's Full Name (Print) \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

**Today's Date:** \_\_\_\_\_ **Sport:** \_\_\_\_\_ **Season (circle one)** Fall Winter Spring

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **School (circle one):** SWMHS Middle School

**Home Phone #:** \_\_\_\_\_ **Parent/Guardian Cell Phone #:** \_\_\_\_\_

Have you submitted a physical for a Sayreville sport within the last 365 days?: YES NO

If yes, for what sport? \_\_\_\_\_ If no, list date of upcoming physical exam: \_\_\_\_\_

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Please list any allergies or notable medical conditions for your child: \_\_\_\_\_

**Since your son/daughter's last physical examination (that was submitted for athletic participation):**

Has your child broken a bone or sprained/strained/dislocated any muscle or joints? YES / NO

Has your child sustained a concussion, been unconscious, or lost memory from a blow to the head? YES / NO

Has your child fainted or "blacked out"? YES / NO If yes, was this during or immediately after exercise? YES / NO

Has your child gone to the emergency room or been hospitalized? YES / NO

Has your child experienced chest pains, shortness of breath, or a "racing heart"? YES / NO

Has there been a sudden death in the family or has any family member under age 50 had a heart attack or "heart trouble"? YES / NO

Has your child had a recent history of fatigue and/or unusual tiredness? YES / NO

Has your child started or stopped taking any over-the-counter or prescribed medications? YES / NO

Has your child been medically advised not to participate in a sport? YES / NO

Do you have any concerns about your child's health which may affect their sports participation? YES / NO

**If you answered YES to any of the above questions, please explain in detail below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student-Athlete's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_