

HIGH POINT REGIONAL HIGH SCHOOL  
ATHLETIC DEPARTMENT/EXTRA-CURRICULAR  
SCHOOL YEAR \_\_\_\_\_

APPLICATION TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS OR EXTRA-CURRICULAR

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Street/Road City/State Zip

D/O/B: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Last school attended if other than High Point Regional: \_\_\_\_\_

I give permission for my child \_\_\_\_\_  
Name

to participate in athletic or extra curricular activities for the school year and for him/her to accompany the team on scheduled athletic trips.

**Athletic and Extra-Curricular Participation Pledge:**

**AS A PARTICIPANT IN EXTRA-CURRICULAR ACTIVITIES AND/OR ATHLETICS AT HIGH POINT REGIONAL HIGH SCHOOL, I PLEDGE NOT TO USE OR BE IN THE POSSESSION OF ANY FORM OF ALCOHOL, CONTROLLED DANGEROUS SUBSTANCE OR TOBACCO PRODUCTS.**

**I ALSO AGREE TO BE A GOOD CITIZEN AND REPRESENT HIGH POINT REGIONAL HIGH SCHOOL IN A POSITIVE MANNER AT ALL TIMES. I UNDERSTAND THAT MY FAILURE TO DO SO COULD KEEP ME FROM PARTICIPATING IN ATHLETIC PROGRAMS OR EXTRA-CURRICULAR ACTIVITIES**

**By my signature I acknowledge receipt of High Point Regional High School's policy on alcohol, substance abuse, and tobacco and I agree to all of it's terms. This agreement will cover all extra-curricular and athletic activities for the student and school year listed above.**

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

I AGREE TO RELEASE the High Point Regional Board of Education and their employees for any injuries incurred when there was proper supervision and coaching of the athlete by the coaching staff.

I know of no physical or medical condition that would adversely affect my son's/daughter's ability to participate in athletics.

I am aware that student athletes are insured under a partial excess accident insurance program. Benefits are payable in excess of other insurance claims involving doctor's fees, hospitalization or surgery. Requests for claim forms are made through the school nurse.

I hereby grant permission for my son/daughter to participate in interscholastic sports activities. Realizing that such sports activities involve the potential for injury which is inherent in all sports, I 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 acknowledge that I have read and understood this warning.

I agree that emergency treatment for minor injuries may be administered by the coach, trainer or team physician if necessary. Injuries requiring additional medical attention will be referred to the athlete's physician. If a student goes to a physician or the hospital for care or treatment, he/she must obtain a written release from the physician before returning to participation. The coach, trainer or team physician will be the final authority as to the participant's physical fitness to play at all times. I certify that all of the statements set forth herein are true and I understand that the school and the school's physician will rely on the truth of these representations. I have also read the Drug, Alcohol, and Tobacco policies and Student Athletic/Extra-Curricular Contract my child is executing simultaneously herewith.

No set rules and consequences can completely cover all situations that students may become involved in whether in school, while representing High Point Regional HS, at school functions or in the community. The school administration reserves the right to adjust the consequences based on the severity, complexity or legality of the action. Although discipline infractions and consequences are expressed in a recommended progression under normal circumstances, their sequence may be altered or advanced based on the severity of the situation.

Please check here if you are prohibiting your child to participate in any activities (athletic or extra curricular) due to medical or other reasons.

**Please refer to the reverse side of this form for a listing of all activities AND OUR MULTIMEDIA RELEASE FORM**

**ATHLETICS**

Fall Season

- Cheerleading
- Cross Country (Boys)
- Cross Country (Girls)
- Field Hockey
- Football
- Soccer (Boys)
- Soccer (Girls)
- Tennis (Girls)

Winter Season

- Basketball (Boys)
- Basketball (Girls)
- Bowling
- Cheerleading
- Skiing (Boys)
- Skiing (Girls)
- Swimming (Boys)
- Swimming (Girls)
- Winter Track (Boys)
- Winter Track (Girls)
- Wrestling

Spring Season

- Baseball
- Golf
- Softball
- Spring Track (Boys)
- Spring track (Girls)
- Tennis (Boys)

**EXTRA CURRICULAR ACTIVITIES**

- Academic Team
- Calliope
- Chamber Singers
- Color Guard
- Debate
- DECA
- Fall Play
- FBLA
- Interact
- International Club
- Jazz Ensemble
- Marching Band
- Mock Trial
- Model Congress
- Monument
- National Honor Society
- NJ Science Team
- Obelisk
- Peer Counseling
- P.R.I.D.E.
- School Musical
- School Store
- Science Club
- Stock Club
- Student Council
- T.S.A.

**I do not want my child to participate in the following athletic/extra curricular activities I have listed below. If no activities are listed then there are no restrictions.**

**NEW NEW NEW NEW NEW NEW NEW NEW**

**MULTIMEDIA RELEASE FORM**

Unless a written statement to the contrary is filed with the High Point Regional High School's Athletic Office, all participants (including players, parents, relatives, friends, High Point employees and volunteers) give implicit permission and authorization to the High Point Regional High School and the Board of Education to use any form of multimedia (including still photos, video, DVD, internet and name release) for promotional, communicative and recognition purposes. By granting permission all participants' release, waive and hold harmless High Point Regional High School, the Board of Education and its employees and volunteers of any and all claims for damages for libel, slander or invasion of right of privacy.