



TENAKILL MIDDLE SCHOOL

Mandated Paperwork for Athletic Participation: 2026-2027

***** Please do not hand your paperwork to anyone except the school nurse *****

According to the New Jersey State Department of Education, in order for a student to participate in Athletics, the following forms must be completed and submitted to the Tenakill Middle School Health Office. All forms are available at <https://tenakill.closterschools.org/Athletics>. The **Sports Physical Packet** is located under the Athletic Forms section.

Please be aware that these required forms must be received, reviewed and processed by the school nurse, and approved by the school physician before the athlete/student can try out or practice. The safety of our athletes is our most important consideration. No athlete/student will be allowed to participate if State guidelines are not followed.

Fall Season 2026:	Volleyball, Soccer, Cross Country - Forms due by September 9, 2026
Winter Season 2026-2027:	Basketball - Forms due by November 9, 2026
Spring Season 2027:	Softball/Baseball and Track - Forms due by March 8, 2027

***** Please note that even if your physician clears you, the athlete/student is not permitted to participate in sports unless clearance is received by the Closter District School Physician *****

A student who has a current sport physical (within 365 days) on file in the Tenakill Health Office need only complete and submit to the school nurse.

1. Parent Permission Form (Page 3)
2. NJ DOE Health History Update Questionnaire Form (Page 4)

Student's Name: _____ Grade: _____

Parent/Guardian Checklist: Please review and complete one applicable checklist below before submitting your forms. Thank you!

If you have a current sport physical (within 365 days) on file in the health office, please submit:

___ **Parent/Guardian Permission Form** - completed, signed, and dated

___ **Health History Updated Questionnaire** - completed, signed, and dated

Student Athletic Participation Permission Form for EACH SPORT

Student's Name: _____ Grade: _____

Address: _____

Telephone: _____ Cell Phone: _____

Please answer the following questions below regarding your child

- 1. Does your child take medication for asthma and/or bee sting reactions? Yes ___ No ___
- 2. Does your child have any allergies including food? Yes ___ No ___

If you answered "yes" to either the above questions or have other medical information for the coach to know, please explain:

PARENT/GUARDIAN PERMISSION FOR ATHLETIC PARTICIPANTS

I give consent for my child _____ to compete in the following sport(s) during the school year 20__ to 20___. (Please indicate with a check mark next to the sport your child is participating in this season).

___ Fall Soccer Boys/Girls ___ Fall Cross Country Boys/Girls ___ Fall Volleyball Boys/Girls

___ Winter Basketball Boys/Girls ___ Spring Track Boys/Girls ___ Boys Baseball ___ Girls Softball

Any claims against the Closter Board of Education, its agents, employees, or representatives for injuries my child might sustain while participating in the above-mentioned sports. I understand physical hazards may be encountered and I am liable for any expenses incurred for injuries connected with participation in sports which are not covered by any insurance policy which is in force at the time of injury. I give permission for first aid to be rendered in case of an accident to my child and also for immediate hospitalization if necessary for emergency treatment at the nearest facility.

Name of Family Physician to Be Notified: _____ Telephone #: _____

Signature of Parent/Guardian: _____

Emergency Contact Information

Name: _____ Relationship to Student: _____

Home #: _____ Cell Phone #: _____ Work #: _____

If your child is not a participant of the school insurance program or any other individualized insurance program, please indicate below:

School insurance: Yes ___ No ___

Other: Yes ___ No ___

IMPORTANT

Your child must attend the registration meeting for any sport they are interested in. Additional forms are required in order to participate.

New Jersey Department of Education Health History Update Questionnaire

Name of School:

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: _____ 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, explain 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?

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

If yes, 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, explain 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 Coronavirus (COVID-19), was your son/daughter symptomatic? Yes No

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

Date: _____ Signature of parent/guardian: _____

Please Return Completed Form to the School Nurse's Office