

Absegami High School
201 S. Wrangleboro Road
Galloway, NJ 08205



School Telephone: 609-652-1372 School Fax: 609-652-0139
Athletic Office: 609- 404-2070 Athletic Fax: 609-652-8279
Nurse's Office: 609-404-2025



SPORTS PHYSICAL INSTRUCTIONS

Attached you will find the *six part packet* that needs to be completed in order to participate in any interscholastic athletic practice and/or competition. Please be advised that **ALL** areas of each page must be completed, signed and dated.

All forms must be completely filled out. Incomplete forms will be returned and students will not be permitted to participate until all missing areas are complete and approved by the school.

NO EXCEPTIONS!

Student Name _____ **Sport** _____

Please contact the athletic department to check for deadlines.

- 1. Athletic Permit Form** – This form must be completed and signed each time a new sport is played. Reviewed by the Athletic Office.
- 2. Athletic Training Emergency Form-** This form must be complete and signed each time a new sport is played. Reviewed by the Athletic Office.
- 3. GEHRHSD Release of Information Form-** This form is valid for one school year. Reviewed by the Athletic Office.
- 4. NJSIAA Steroid Testing Policy:** This form is valid for one school year. Reviewed by the Athletic Office.
- 5. PART A: Health History Questionnaire-** This form must be completed for each athletic season. Please make sure that all areas are complete, including signature(s) and dates. Reviewed by the Nurse's Office.
- 6. PART B: Physical Examination Form** –Physicals are valid for one calendar year from the date of the exam. Reviewed by the Nurse's Office.

Office Use Only
_____ Athletic Office Approval
_____ Athletic Office Approval
_____ Athletic Office Approval
_____ Athletic Office Approval
_____ Nurse's Office Approval
_____ Nurse's Office Approval

Completed packets must be returned to the Athletic Office by _____ for consideration to play by the first practice.

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Date Submitted _____