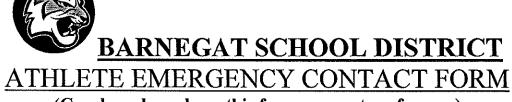
PHYSICAL ON FILE PACKET

ATHLETIC ELIGIBILITY FORM								
Please check one: Barnegat High School Russell O. Brackman Middle School Robert L. Horbelt School								
M.A.T.E.S Performing Arts Academy Home Schooled								
I. Student Information (Please complete this section.)								
Name:	First			Middle	Home Phone: Emergency Contact:			
Address:			***************************************	,		ergency Phone:		
Street	Town, State			Zip		Description ask sale		
Are you a transfer student? Yes No If yes, date o Date of Birth: Sex: M				f transfer: Previous school: F City and State of Birth:				
Sport by Season:								
Fall: Winter:	Spring:		Grade (Sept. 2023):		Age as of August 31, 2023:			
II. Eligibility Inform	ation (This s	section	is filled out by	the school.)			WHI CONTRACTOR OF THE CONTRACT	
Declared Eligible by:	Date S		ignature	Comments				
Guidance						Credits Previous Year: (Fall/Winter Seasons)	Credits 1 st Semester: (Spring Season)	
Medical						Physical Date:		
Athletic Office								
Principal								
III. Barnegat Township Parental Permission (Please read and complete this section.)								
1. I give my son/daughter								
I have read and understand the above rules and regulations.								
DATE:				Signature o	of Paren	nt/Guardian		
DATE:		Signature of Student						



(Coaches please keep this form on you to reference)

STUDENT INFORMAT	ION:
Student Name	Date of Birth
Year in School (circle) 6	7 8 9 10 11 12
Address	
City	Zip codePhone #
EMERGENCY CONTA	CT INFORMATION:
Primary Contact Name	
Relationship	Primary phone#
Alternate phone #	
Name of Alternate contact	person
Relationship	Phone #
Alternate phone #	
HEALTH CONDITION	S (CHECK OFF ALL THAT APPLY):
Asthma (Asthma Actio	n Plan must be on file with the nurse for the current school year)
Diabetes (Diabetic Med	lical Management Care Plan must be on file with the nurse for
current school	year)
Epilepsy (Seizure Act	ion Plan must be on file with the nurse for the current school year)
Food Allergies (Food A	Allergy and Anaphylaxis Emergency Care Plan must be on file with
the nur	se for the current school year)
Other (please list)	
	give permission for my information to be released for emergency that any of my emergency contacts listed may be notified in an
Parent Signature	Date

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:	port:						
Since the last pre-participation physical examination, has your s							
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?" Y	es No						
If yes, explain							
6. Has there been a recent history of fatigue and unusual tiredness?							
7. Been hospitalized or had to go to the emergency room? Yes If yes, explain in detail	No						
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							
11. Has any member of the student-athlete's household been diagno	sed with Coronavirus (COVID-19)? Yes No						
Date: Signature of parent/guardian:							

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