

# ST. THOMAS AQUINAS HIGH SCHOOL

ONE TINGLEY LANE • EDISON, NJ 08820

Office of the Athletic Director

Mr. Jerry Smith

October 27, 2019

## ATHLETIC FORMS ACKNOWLEDGEMENT SIGNATURE PAGE

I, \_\_\_\_\_(parent/guardian) acknowledge that I have read the following forms regarding the safety and well being of my son/daughter as it pertains to athletics at St. Thomas Aquinas High School.

**The following documents are to be returned to the NURSE ONLY.**

**Please read, initial and complete ALL paperwork at this time.**

**\*PAC (Parent Athletic Club) Checks for the Raffle Refund must be handed in with this packet.**

\_\_\_\_\_Physical Forms

\_\_\_\_\_ Health History Update Form

\_\_\_\_\_ Concussion Policy

\_\_\_\_\_ Sudden Cardiac Death Sign-off

\_\_\_\_\_ Opioid Use Sign-off

\_\_\_\_\_ \*\$100 (*Mandatory*) Raffle Refund Check payable to PAC (*no cash*)

\_\_\_\_\_ Check Number (include name of child in memo and team trying out for)

By signing this form, I have reviewed the above information with my son/daughter:

\_\_\_\_\_  
Signature of Student/Athlete

\_\_\_\_\_  
Print Student-Athlete's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date