

Middle School Sports Application and Sports Physical – Due August 19, 2024 Following all CDC Guidelines and Program Partnership Guidelines

Program Coordinator: Donna Robertson, 856-614-5779

Email:	donnaro	bertson@	واو	p.rutgers.ed	lu -	- email	for u	pdates
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Middle School Fall Sports: Septen	nber to Dec	cember '24			
Fall Sports: MS Girls Volleyball	MS Coe	ed Soccer	MS Boys	s Flag Football	
*ALL					
Player Name:	First	M.int.			
Gender: Male					
Street Address					
City State _		ZIP	_		
Home Phone	_ Work Pho	one			
Mobile Phone	Email _.				
Parent Emergency Contact #1					
Name:	_Relation: _.				
Phone number:					
Parent Emergency Contact #2					
Name:	Relation	:			
Phone number:					
If applicable, list any medical prob	lems(s)/ph	ysical limitation(s)		

following: (1) We agree to abide and its affiliated organizations a permanent physical injury and procession for Leap Intramur participation in its sanctioned you discharge and/or otherwise indesits affiliated organizations and sincluding the owners of fields are or written demand, including but or on behalf of the registrant as We authorize verification of the Academy University Charter Scaplayer's age and identity. (4) We Health Care Provider or Dentists preserve the life, limb or registral all costs associated with such to taking photographs, video recomprograms and services. We her permission to use the negatives reproduction of the same for Camanuals, on flyers, the internet, and fully understand its terms. We agree to waive all such right	legal parent or guardian, hereby age by the rules of LEAP Academy United sponsors. (2) We recognize the possible death associated with youth all Sports Program accepting the youth sports leagues, ("Youth Program amily and hold harmless LEAP Acaponsors, volunteers, their employeers and facilities utilized for the Youth Program are sult of the registrant's participate registrant's date of birth from legal representative for the consent to emergency medical cannot authorized representative for the consent to emergency medical cannot be sufficient and we hereby agree the program and we hereby agree the program and the program and the program and the program and the program are sult of the registrant's participate and the program acceptance of the program acceptance and the program accepting the p	iversity Charter School guidelines inherent risk of serious or a sporting activities and games. In uth player's registration and ms"), we hereby release, ademy University Charter School, as and associated personnel, ograms, against any claim, lawsuit hal or physical injury or death, by ion in the Youth Programs. (3) records to be provided to a Leap he limited purpose of verifying the re prescribed by a duly licensed atever conditions are necessary to be to be financially responsible for cademy University Charter School ocumenting the activities of sports of Charter School and their affiliates of tapings, or any other all and promotional purposes in this release and waiver of liability antial rights by signing this form. legal action or assert a claim for
Parent/ Guardian Information		
Signature of Parent/Legal Guar	dian	_ Date:
Please print name:	Contact	#
Sports Physical attached	Link to required update is below	N
Date Received in office and app	proved by Administration:	
* Required Sports Physical I https://www.nj.gov/educat	.ink: ion/safety/health/athlete/docs	s/PPEExamForm.pdf
Student cleared to by Principal:		Date:

Parent and student Expectations

- MUST HAVE SNEAKERS/cleats
- MUST HAVE WATER BOTTLE
- MUST HAVE GYM CLOTHES
- Transportation is not provided by LEAP unless otherwise informed
- MUST BE SIGNED OUT FROM PRACTICES AND GAMES BY AN ADULT (18 OR OLDER) FROM CONTACT LIST
- PLEASE SEND AN EMAIL TO: donnarobertson@leap.rutgers.edu TO ENSURE UPDATES ON PROGRAM
- Grades and behaviors according to school handbook
- Attendance according to school handbook
- Parents and students are to be respectful when cheering at games
- Concerns about play time, game calls or other concerns are to be done 24 hours after event and should be sent by email or email a request to meet with details for the meeting
- ONE LATE PICK UP THEN REMOVED FROM PROGRAM ANYMORE THAN 10 MINUTES IS LATE contact Ms. Donna for emergencies
- ONE MISSED PRACTICE BENCHED FRIST 5 MINUTES OF NEXT GAME
- THREE MISSED PRACTICES REMOVED FROM PROGRAM
- ONE MISSED GAME BENCHED FOR THE NEXT GAME
- TWO MISSED GAMES REMOVED FROM PROGRAM
 ANY BEHAVIOR ISSUES WILL RESULT IN REMOVAL FROM THE PROGRAM See District Policy

Parent Signature:	Date:
Student Signature:	Date:

* Required Sports Physical Link:

https://www.nj.gov/education/safety/health/athlete/docs/PPEExamForm.pdf