

*Neptune City Board of Education  
Woodrow Wilson School  
210 West Sylvania Avenue  
Neptune City, N.J. 07753*

**HEALTH OFFICE Telephone 732-775-5319 x 5004 FAX 732-775-4335**

**Sports Parents:**

**Please initial after each title that you have received and reviewed copies of the following information:**

**Scholastic Student Athlete Safety Act \_\_\_\_\_**

**CDC- Heads up Concussion Information Sheet Youth Sports \_\_\_\_\_**

**Sudden Cardiac Death Information \_\_\_\_\_**

**Educational Fact Sheet on the Use and Misuse of Opioid Drugs \_\_\_\_\_**

**Sports Related Eye Injuries/ Risks of Injury \_\_\_\_\_**

**STATEMENT OF INFORMED CONSENT**

Your child wishes to participate in the Woodrow Wilson athletic program. While every reasonable precaution is taken by our members to prevent injury, parents are required under the law to assume the responsibility for consenting to participation, and to risk the liability of injury. You must know and understand that your child's participation presents certain risks inherent to sport and exercise. Your signature below acknowledges that you understand and accept such risks.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT PARENT NAME

\_\_\_\_\_  
SIGNATURE OF PARENT