

**Union Catholic Regional High School**  
**1600 Martine Avenue**  
**Scotch Plains, New Jersey 07076**  
**Athletic Department**  
**Athletics 2009-2010**

Dear Parents/Guardians:

The following items will be necessary before your child can try-out for a sports team:

1. A current physical on file in the health office (not more than one year old). This physical is good for all sports seasons provided it is less than 1 year old.
2. A completed health history form. You must complete one form for each sport season and hand in the appropriate form when the new sports season begins. **\*\*\* Remember that this form MUST be reviewed by your family physician at the time of the physical exam.**
3. A completed steroid testing consent form
4. A completed permission form. You must complete one form for each sport season and hand in the appropriate form when the new sports season begins.
5. A paid participation fee of \$60.00. This fee of \$60.00 is required for each sport your child participates in during the school year.
6. **Transfer Students** - Any student (other than an incoming freshman) who transfers into Union Catholic must complete a transfer waiver form and return it to the Athletic Director.

There are mandatory seasonal Parent Meetings for the parents of each child who makes a sports team at Union Catholic. The meetings will give you an opportunity to meet with your child's coaches before the start each sports season. The meetings will be held on:

<b><u>Fall Meeting</u></b>	Tuesday, September 8, 2009
<b><u>Winter Meeting:</u></b>	Wednesday, December 9, 2009
<b><u>Spring Meeting:</u></b>	Wednesday, March 24, 2010

Each meeting will start at 7:00 PM and will last 1 ½ hours. One parent or guardian must attend a meeting for each season your child participates in athletics at Union Catholic.

Please sign and date this form and return it with your Childs paperwork.

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Parents Signature

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Date

1161 Route 130, P.O. Box 487, Robbinsville, NJ 08691 609-259-2776 609-259-3047-Fax

# NJSIAA STEROID TESTING POLICY

## CONSENT TO RANDOM TESTING

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA's sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student's parent/guardian consent to random testing.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

_____	_____	_____
Signature of student-Athlete	Print Student-Athlete's Name	Date
_____	_____	_____
Signature of parent/guardian	Print Parent/Guardian's Name	Date

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**Interscholastic Athletics Permission Form**

Students Name: \_\_\_\_\_

Grade \_\_\_\_\_ Sport \_\_\_\_\_

Students Address (Street) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Students Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_

My son/daughter has my permission to engage in athletics at the interscholastic level, under the rules and regulations of the NJSIAA and Union Catholic Regional High School. I/we acknowledge that even with proper coaching, use of protective equipment and strict observance of rules that a serious physical injury or accident is possible. I/we acknowledge the physical hazards and risk of physical injury, which may occur to my son or daughter as a result of the participation in such athletic activity.

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Emergency Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

We have your permission as Parent/Guardian to send your child to the hospital in the case of an emergency.

**YES** \_\_\_\_\_

**NO** \_\_\_\_\_

**Has your child competed on a high school sports team before entering 9<sup>th</sup> grade?**

**YES** \_\_\_\_\_

**NO** \_\_\_\_\_

\*\*\* I understand that an athletic fee of \$60.00 **MUST** accompany this permission form. Checks may be made payable to **Union Catholic**. It is also required that each family purchase at least one super 50/50 raffle ticket (called the "750" club). The tickets are \$30 each and the ticket and information concerning the raffle will be sent in the mail.

\_\_\_\_\_  
Parent/Guardians Signature

\_\_\_\_\_  
Date