

**ABRAHAM CLARK HIGH SCHOOL ATHLETICS
ACKNOWLEDGEMENT/CONSENT SIGN-OFF FORM**

Student's Name (print): _____

Grade: _____ Gender: Male _____ Female _____ Sport: _____

Please return this sheet with the rest of your completed medical and consent forms, indicating that you have read, viewed, understand and agree to the following policies and informative brochures.

NJSIAA Steroid Testing Policy

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

Sudden Cardiac Death Brochure

We have read the brochure and understand the facts of sudden cardiac death in young athletes. We are aware of additional resources on the subject from the American Heart Association (www.heart.org) and the Hypertropic Cardiomyopathy Association (www.4hem.org)

Sports Related Eye Injury Fact Sheet

We have read the brochure and understand the facts related to potential eye injuries. We are aware of additional resources on the subject at <http://www.nei.nih.gov/sports> and <http://isee.nei.nih.gov>

Concussion and Head Injury Fact Sheet

We have read the Sports-Related Concussion and Head Injury Fact Sheet. We are aware of the protocols regarding head injuries. We are aware of additional resources on the subject at <http://www.ede.gov/concussion/sports/index.html>, <http://www.nfhs.com>, <http://www.atsnj.com> and <http://www.bianj.org>

Opioid Use and Misuse

We have read the Opioid Use and Misuse Educational Fact Sheet. We acknowledge we have viewed the Opioid video at <https://youtu.be/3Rz6rkwpAx8> .

Student: _____

Signature

Parent: _____

Signature