

Cape May County Technical High School

This page must be signed by student athlete and parent/guardian prior to participation in school athletic or intramural programs.

Student-Athlete Name (PRINT): _____

New Jersey State Interscholastic Athletic Association (NJSIAA)

STEROID TESTING POLICY AND CONSENT TO RANDOM TESTING

Any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances listed 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 parent/guardian Date

_____/____/____
Signature of Student-Athlete Date

Information regarding: Sudden Cardiac Death, Concussion, and Eye Injury

I/We acknowledge that we reviewed the following information (available on school website).

Sudden Cardiac Death in Young Athletes - <http://www.capemaytech.com/CardiacPamphlet.pdf>

Sports Related Concussion and Head Injury - <http://www.capemaytech.com/ConcussionHeadInjuryFactSheet.pdf>

Sports Related Eye Injury - <http://www.capemaytech.com/sportsrelatedeyeinjury.pdf>

Signature of parent/guardian: _____ **Date:** ____/____/____

I do not have access to the internet and request paper copies of the above information. Send me paper copies of the above information home with my son/daughter.

Parent/Guardian:

(Check box only if you need paper copies of the above pamphlets.)

School Nurse: If box is checked provide the printed handouts to the student-athlete. Date printed: ____/____/____