



BUTLER HIGH SCHOOL  
 DEPARTMENT OF ATHLETICS  
 38 BARTHOLDI AVENUE  
 BUTLER, NJ 07405  
 973-492-2000 ext. 279  
 FAX 973-492-9531  
[ddoty@butlerboe.org](mailto:ddoty@butlerboe.org)  
 David Doty – Director of Athletics



**PERMISSION FORM FOR INTERSCHOLASTIC SPORTS**

NAME \_\_\_\_\_  
 (Print) Last First

GRADE 9 10 11 12  
 (Circle One)

DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_  
 (Town/City) (State) (Country)

Did you transfer from another high school? YES NO \_\_\_\_\_  
 (Circle One) If yes, list school and date of transfer

I hereby give consent for my child to participate in \_\_\_\_\_  
 (Name of sport)

I/we release the school from liability resulting from participation in this program.

REALIZING THAT SUCH ACTIVITY INVOLVES THE POTENTIAL FOR INJURY, WHICH IS INHERENT IN ALL SPORTS, I/WE ACKNOWLEDGE THAT EVEN WITH THE BEST COACHING, USE OF THE MOST ADVANCED PROTECTIVE EQUIPMENT AND STRICT OBSERVANCE OF RULES, INJURIES ARE STILL A POSSIBILITY. ON RARE OCCASIONS, THESE INJURIES CAN BE SO SEVERE AS TO RESULT IN TOTAL DISABILITY, PARALYSIS OR DEATH. I/WE ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTAND THIS WARNING.

I/we will be responsible for any athletic equipment loaned to my child by the school, and will reimburse the school for any loss. I/we understand that in case of injury to my child, medical bills will be submitted to my/our insurance company first. I/we also understand that only those medical expenses not covered by my/our own personal or group insurance are eligible for coverage under the Board of Education's Insurance Policy up to certain limits.

I/we also understand that I/we are liable for any medical bills remaining after the above procedures have been carried out. I/we understand that students must have a medical examination by a school or family physician prior to participation on any athletic team.

I/we give permission \_\_\_\_\_ do not give permission \_\_\_\_\_ for my child to receive a physical examination by a Board of Education appointed physician.

Name of Parent/Guardian (print) \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Daytime Phone of Father/Guardian \_\_\_\_\_

Daytime Phone of Mother/Guardian \_\_\_\_\_

\_\_\_\_\_  
 PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
 DATE

Please return this page with the other pre-participation forms that are required before your child is permitted to participate on one of our interscholastic teams.