

Pine Brook School

155 Pease Road, Manalapan, NJ 07726-3547 (732) 786-2800 Fax (732) 786-2810 John J. Marciante Jr., Ph.D Superintendent jmarciante@mersnj.us

Julie Szustowicz

Principal
jszustowicz@mersnj.us

Allison Rogers Assistant Principal arogers@mersnj.us

January 22, 2019

Dear Parents/Guardians:

Intramural Volleyball will begin February 25, 2019. Intramural Volleyball will be held on Mondays and Wednesdays from 3:15PM to 4:15PM. The full schedule is listed below. Students will meet in the All Purpose Room (lunch room) immediately following second dismissal.

If your child is planning to participate in Intramural Volleyball, they need to have ALREADY submitted their completed Sports Physical to the School Nurse before the August 30th deadline. WE CANNOT MAKE EXCEPTIONS. Additionally, attached to this letter are two (2) documents that MUST be returned when registering for Intramural Volleyball. Those documents are the Health History Update and Consent for Athletic Participation. No students will be registered for Intramural Volleyball unless all forms have been completed by the deadline.

IMPORTANT INFORMATION:

- Sports Physical forms must have been received this summer.
- The two attached documents must be returned to school by the registration deadline.
- Pick up is promptly at 4:15 at the front of the building.
- Students should come to school dressed in sneakers and appropriate attire to play.
- Submission of the appropriate forms by the deadline will secure your child's spot. **No confirmations will be sent**.

If we need more information from you, we will reach out. Likewise, if you have any questions or concerns, please contact the school.

REGISTRATION DEADLINE IS February 6, 2019

Sincerely,

Julie Szustowicz Principal

Intramural Volleyball Dates
February 25, 27
March 4, 6, 11, 13, 18, 20, 25, 27

Check List of Required Documents for Intramural Volleyball Registration

| Student Name | Homeroom Teacher | |
|------------------------------------|-----------------------|--|
| Consent for Athletic Participation | Health History Update | |



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Health History Update for Athletic Participation in Intramural Volleyball

| Stude | ent: | Birthdate: | | |
|----------|---|-------------|-------------------|---|
| Address: | | Home Phone: | | |
| Male: | : Female: | | | |
| Date | of Medical Examination: | | | |
| | Form Due By: February 6, 20 | <u>19</u> | | |
| | the last medical examination, the above namin in full any "YES" answers, including date | | | |
| 1. | Hospitalization/Operations | Yes: | No: | - |
| 2. | Illnesses | | | - |
| 3. | Injuries | | | - |
| 4. | Care Administered by a Physical, advanced Practice Nurse, or Physician's Assistant | d | | - |
| 5. | Medications | | | - |
| | | | | |
| Date | | Signature | of Parent/Guardia | n |

PINE BROOK SCHOOL CONSENT FOR ATHLETIC PARTICIPATION

| Name: | Sex: Birthdate: |
|---|--|
| Last Fi | rst |
| Address: | Home Phone: |
| Mother/Guardian Name | Daytime Phone: |
| Father/Guardian Name:Cell Phone: | Daytime Phone: |
| If unable to reach parent/guardian in | case of emergency, contact: |
| Name:Cell # | Home # Work # |
| Intramural Sport: Volleyball | |
| Is there any medical or health inform additional information) | ation you would like the coach to know? (May attach |
| I hereby give my informed consent for program listed, conducted within the for injury that is inherent in all sports the most advanced protective equipment possibility. On rare occasions these in | or the participation of the above named student in the sports school. I am aware that such activity involves the potential a. I acknowledge that even with the best of coaching, use of sent and strict observance of rules, injuries are still a njuries can be so severe as to result in total disability, dge that I have read and understand this warning. |
| I certify that the above student has co- intramural and the required Health H | istory Update has been completed. |
| - - | Englishtown coaching staff to seek medical treatment for my ch occurs while participation in school sponsored activities, if I |
| Date | Signature of Parent/Guardian |