

LACEY TOWNSHIP HIGH SCHOOL  
ATHLETIC SIGN OFF SHEET

PRINT STUDENT/ATHLETE'S NAME \_\_\_\_\_

SPORT \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

**My child has my permission to participate in athletics at Lacey Township High School.**  
My signature below indicates that I have read the following documents and understand the contents.

LTHS CONCUSSION POLICY, SPORTS-RELATED CONCUSSION  
AND HEAD INJURY FACT SHEET

\_\_\_\_\_  
Print parent/guardian name

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Print student name

\_\_\_\_\_  
Signature of student

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PARENT/COACH RELATIONSHIP FLYER

\_\_\_\_\_  
Print parent/guardian name

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Print student name

\_\_\_\_\_  
Signature of student

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NISIAA STEROID POLICY

\_\_\_\_\_  
Print parent/guardian name

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Print student name

\_\_\_\_\_  
Signature of student

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SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

\_\_\_\_\_  
Print parent/guardian name

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Print student name

\_\_\_\_\_  
Signature of student

Please note: Lacey Township High School Random Drug Consent Form, New Permission Slip and New Code of conduct must be handed in separately to your coach.