

# Northern Highlands Regional High School

## Registration Checklist

Completed	Registration Forms
	Record Request
	Athletic Eligibility Form
	NJ State Interscholastic Transfer Form
	Medical Information Form
	Medical Form Y (complete Forms X and Z only if participating in a sport)
	Information Release Form
	Safe Homes Form
	Emergency Contact Information
	On-Line Registration Instructions

Completed	Registration Documents
	Current Report Card (Grade 9) or Transcript (Grades 10-12)
	Health and Immunization Records, including hepatitis
	Birth Certificate with raised seal
	Proof of Residency:
	<b>Allendale/Upper Saddle River:</b> Deed/Lease and Utility Bill
	<b>Saddle River/Ho-Ho-Kus:</b> Residency Confirmation Form from resident town
	Approved Admission for Application for Non-Residents form

In order to provide a registration meeting that focuses on our curriculum and the transition of your child to a new school, all forms and documents listed above are required by Northern Highlands Regional High School prior to setting a date for registration.

[If you have any questions or need further assistance, please do not hesitate to contact Mrs. Karpinecz in Guidance at 201-327-8700 x209 or \[karpinecza@northernhighlands.org\]\(mailto:karpinecza@northernhighlands.org\)](#)

# Northern Highlands Regional High School

Hillside Avenue, Allendale, NJ 07401  
201-327-8700 FAX 201-236-9543

## Guidance Department

### PARENT/GUARDIAN/STUDENT CONSENT FOR RECORD RELEASE FORM

*Kelly Peterfriend, Supervisor of Guidance*

*Jennifer Ferentz, Counselor      Jennifer Saxton, Counselor*  
*Jennifer Kuo, Counselor        Michael Stone, Counselor*  
*Stephen Jochum, Counselor     Denise Talotta, Counselor*

*Ann Karpinecz, Guidance Secretary*

**A. RECORDS REQUESTED FROM:**

\_\_\_\_\_  
(Name of School Transferring From)

\_\_\_\_\_  
(School Address) (Phone #)

\_\_\_\_\_  
(City, State and Zip Code)

**B. STUDENT DATA**

\_\_\_\_\_  
(Student's Name) (Grade)

\_\_\_\_\_  
(Present Address)

\_\_\_\_\_  
(New Address if applicable) (effective date)

\_\_\_\_\_  
(Home phone# - present and new if available) (parent work phone)

\_\_\_\_\_  
(Age) (D.O.B.)

**C. SPECIFIC RECORDS/DATA TO BE RELEASED:**

- State Student ID#
- All grades as of day of withdrawal
- Psychological Report, if any
- Individualized Education Plan (I.E.P.)
- 504 Plan
- Discipline Records
- Health Records (PLEASE FORWARD REQUEST TO SCHOOL NURSE)

**D. SIGNATURE TO RELEASE RECORDS:**

\_\_\_\_\_  
Signature of Parent/Guardian (\*Student may sign if 18 years of age or older)

Date Sent \_\_\_\_\_ by \_\_\_\_\_

Date Received \_\_\_\_\_ by \_\_\_\_\_

cc: School Nurse

NORTHERN HIGHLANDS REGIONAL HIGH SCHOOL

ATHLETIC ELIGIBILITY FORM

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Starting Date: \_\_\_\_\_

1. Did you move (have a change of residence) into the NHRHS school district (Allendale, Ho-Ho-Kus, Upper Saddle River, or Saddle River)? Yes [ ] No [ ]

If yes, please provide the date of the move/change: \_\_\_\_\_

2. List previous home address (if applicable):

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

3. Did you reside in a NHRHS school district town while attending your previous high school(s)? Yes [ ] No [ ]

4. Are you/will you be a tuition student at NHRHS? Yes [ ] No [ ]

If yes, list city and state of residence:

5. Are you a foreign exchange student? Yes [ ] No [ ]

If yes, please complete the required NJSIAA packet (ask the guidance counselor for assistance).

6. Did you repeat 8th, 9th, 10th, 11th, or 12th grade? Yes [ ] No [ ]

If yes, please list grade level and year: \_\_\_\_\_

7. Did you participate with a HIGH SCHOOL sports team when in 6th, 7th, or 8th grade? Yes [ ] No [ ]

If yes, please name the sport(s), grade level when you participated and level of competition.

\_\_\_\_\_

8. Did you participate with a HIGH SCHOOL sports team at your previous HIGH SCHOOL? Yes [ ] No [ ]

If yes, please name the sport(s), grade level when you participated and level of competition.

\_\_\_\_\_

9. Will you turn 19 years old prior to 9/1 of your senior year in high school? Yes [ ] No [ ]

Incoming 9th graders, will you turn 16 years old prior to 9/1? Yes [ ] No [ ]

**We hereby attest that all of the information entered on this form is accurate.**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Guidance Counselors must assist with the completion of the NJSIAA transfer and transfer waiver forms **for all transfer students.** Upon completion, please forward the NJSIAA and the entire registration form to the Athletic Office.

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION  
P. O. Box 487, Route 130 North Robbinsville, NJ 08691

**TRANSFER FORM**

The undersigned hereby certify that the student named herein has transferred to his/her present school of enrollment without inducement or recruitment or to seek an athletic advantage. The parents/guardians also agree to the submission to the NJSIAA of any pertinent records, including transcripts, maintained by the schools. Refusal to sign the Transfer Form **may not** be based upon nonpayment of fees, failure to return school property and the like. **The Transfer Form is necessary for students who are residing with their parents who have moved to the United States or who have moved from one secondary school district to another secondary school district.**

**Step 1 – TO BE COMPLETED BY PRESENT SCHOOL AND FORWARDED TO PREVIOUS SCHOOL:**

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name of Present School \_\_\_\_\_ City \_\_\_\_\_

Date of Enrollment at Present School (If enrollment occurs after the beginning of the school year, Month, Day, Year, Student first attended class) \_\_\_\_\_

Signature of Principal indicates above student has met all NJSIAA eligibility requirements as provided for in the Bylaws, Article V.

NO STAMPED SIGNATURES ACCEPTED!

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian **Present** Address \_\_\_\_\_ Date \_\_\_\_\_

**Step 2 – TO BE COMPLETED BY PREVIOUS SCHOOL IMMEDIATELY AND RETURNED TO PRESENT SCHOOL:**

Name of Previous School \_\_\_\_\_ City \_\_\_\_\_

Date of Withdrawal \_\_\_\_\_ Student First Entered Ninth Grade/School \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian **Previous** Address \_\_\_\_\_

A. List all sports in which the student participated on a varsity level in a sports season during the calendar year prior to the transfer:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Student is ineligible for thirty (30) calendar days from the start of the Present School's regular schedule for each sport listed above.

B. Has the student participated in a 9-12 program while in the 6, 7, 8<sup>th</sup> grade? Yes \_\_\_\_\_ No \_\_\_\_\_ (See Bylaws, Article V, Sec. 4.1)

ATTENTION: If the student is from a high school in a foreign country which does not sponsor interscholastic athletics, the adult(s) with whom the student is domiciled must attach a summary of the sports in which the student participated in a non-school community and/or national team/program for participants 14 years old or above. Said participation will be evaluated in "non-school" play to determine varsity status.

Check box if there is evidence that the student transferred for athletic advantage

Check box if there is evidence that the student was recruited

If either of the above boxes is checked, do not sign below and please state reason(s).

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

If unsigned, please state reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional information if necessary)

**NORTHERN HIGHLANDS REGIONAL HIGH SCHOOL**

**CONFIDENTIAL MEDICAL INFORMATION**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date registered: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

<b>Check any conditions below that are applicable:</b>	<b>IF YES, please provide more specific information, if necessary:</b>
--	--

[ ] Life-Threatening Allergy	
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[ ] Asthma	
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[ ] Diabetes	
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[ ] Food Allergy	
------------------	--

[ ] Food Restrictions	
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[ ] Non-Life-Threatening Allergy	
----------------------------------	--

[ ] Convulsive Disorder	
-------------------------	--

[ ] Heart Disease	
-------------------	--

[ ] Headaches	
---------------	--

[ ] Hearing Problem	
---------------------	--

[ ] Seasonal Allergies	
------------------------	--

[ ] Lyme Disease	
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[ ] Neuromuscular Disease	
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[ ] Vision Problem	
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Other:	
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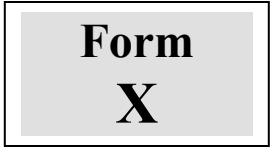
**Comments:**

In case of accident or serious illness, I request the school nurse to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact my child's physician, the school may contact any of the emergency contacts on record and make whatever medical arrangements are necessary. While the school attempts to contact the above persons, the school will provide immediate triage and contact emergency medical services/the rescue squad when deemed necessary. This permission applies to the entire period my child is enrolled at Northern Highlands.

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

**NORTHERN HIGHLANDS REGIONAL HIGH SCHOOL**  
**SEASONAL HEALTH UPDATE AND ATHLETIC PERMISSION/CONSENT**  
(To be completed by the parent and student)



<b>For Office Use:</b> Athletic Office _____ Health Office _____
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**NAME OF STUDENT ATHLETE (PLEASE PRINT)** \_\_\_\_\_

**ATHLETIC SEASON (PLEASE CIRCLE ONE):**      **SUMMER**      **FALL**      **WINTER**      **SPRING**

**SCHOOL YEAR** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **SPORT(S)** \_\_\_\_\_

**HEALTH UPDATE**

A health update is required for **each athletic season** and must be completed and approved prior to any athletic participation. Please provide a health update of medical problems, issues and/or concerns experienced since the last medical examination by answering the following questions. Additionally, please explain "yes" answers at the bottom of this section. You **MUST** respond to all questions.

**SINCE YOUR LAST MEDICAL EXAMINATION:** (please circle and explain if YES)

1. Have you had any hospitalizations or operations?      **YES**    **NO**
2. Have you had any illnesses?      **YES**    **NO**
3. Have you had any injuries?      **YES**    **NO**
4. Have you received any care administered by a physician of medicine or osteopathy, advanced practical nurse or physician's assistant?      **YES**    **NO**
5. Have you taken/or are you currently taking any medications?      **YES**    **NO**

**If you answered YES to any of the above, please explain:**

**PERMISSION/CONSENT**

I/we attest that the information provided within the athletic physical examination, health history questionnaire and health update is accurate. I/we give permission for medical information to be shared with the school nurse, athletic trainer, and applicable coaches. In case of accident or serious illness and the school is unable to reach me, I hereby authorize the school to call my child's physician and to follow his/her instructions. If it is impossible to contact my child's physician, the school may contact any of the emergency contacts on record and make whatever medical arrangements are necessary. While the school attempts to contact the above persons, the school will provide immediate triage and contact emergency medical services/the rescue squad when deemed necessary.

I/we give permission for my/our child to participate in athletics (sport listed above) during this school year. I/we recognize that these activities involve 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 the strict observance of rules, injuries are possible. On rare occasions, these injuries can be severe as to result in total disability, paralysis, or even death.

I/we acknowledge that I/we have read and understand expectations and rules as detailed in our *Expectations of Student Athletes* and in our *Athletic Code of Conduct*. Both documents have been included in our athletic information packet and can be found in our Student/Parent Handbook and on the school website.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**New Jersey Department of Education      Form Y**  
**ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM**

**Part A: HEALTH HISTORY QUESTIONNAIRE**-Completed by the parent and student and reviewed by examining provider  
**Part B: PHYSICAL EVALUATION FORM**-Completed by examining licensed provider with MD, DO, APN or PA

**Part A: HEALTH HISTORY QUESTIONNAIRE**

**Today's Date:** \_\_\_\_\_ **Date of Last Sports Physical:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ Sex: M F (circle one) Age: \_\_\_\_ Grade: \_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_ District: \_\_\_\_\_  
 Sport(s): \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Provider Name (Medical Home): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name of parent/guardian: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_  
 Additional emergency contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

**Directions:** Please answer the following questions about the student's medical history by **CIRCLING** the correct response. Explain all "yes" responses on the lines below the questions. Please respond to all questions.

**1. Have you ever had, or do you currently have:**

- a. Restriction from sports for a health related problem? Y / N / Don't Know
- b. An injury or illness since your last exam? Y / N / Don't Know
- c. A chronic or ongoing illness (such as diabetes or asthma)? Y / N / Don't Know
  - (1.) An inhaler or other prescription medicine to control asthma? Y / N / Don't Know
- d. Any prescribed or over the counter medications that you take on a regular basis? Y / N / Don't Know
- e. Surgery, hospitalization or any emergency room visit(s)? Y / N / Don't Know
- f. Any **allergies** to medications? **Y / N / Don't Know**
- g. Any allergies to bee stings, pollen, latex or foods? Y / N / Don't Know
  - (1.) If yes, check type of reaction:
    - Rash  Hives  Breathing or other anaphylactic reaction
    - (2.) Take any medication/Epipen taken for allergy symptoms? (List below.) Y / N / Don't Know
- h. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders? Y / N / Don't Know
- i. A blood relative who died before age 50? Y / N / Don't Know

Explain all "yes" answers here (include relevant dates):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List all medications here:**

Medication Name	Dosage	Frequency

2. **Have you ever had, or do you currently have, any of the following *head-related* conditions:**

- |   |                    |
|---|--------------------|
| a. Concussion or head injury (including "bell rung" or a "ding")? | Y / N / Don't Know |
| b. Memory loss?   | Y / N / Don't Know |
| c. Knocked out?   | Y / N / Don't Know |
| c. A seizure?   | Y / N / Don't Know |
| d. Frequent or severe headaches (With or without exercise)?       | Y / N / Don't Know |
| e. Fuzzy or blurry vision   | Y / N / Don't Know |
| f. Sensitivity to light/noise                                     | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

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3. **Have you ever had, or do you currently have, any of the following *heart-related* conditions:**

- |  |                    |
|--|--------------------|
| a. Restriction from sports for heart problems?   | Y / N / Don't Know |
| b. Chest pain or discomfort?   | Y / N / Don't Know |
| c. Heart murmur?   | Y / N / Don't Know |
| d. High blood pressure?  | Y / N / Don't Know |
| e. Elevated cholesterol level?   | Y / N / Don't Know |
| f. Heart infection?  | Y / N / Don't Know |
| g. Dizziness or passing out during or after exercise without known cause?                        | Y / N / Don't Know |
| h. Has a provider ever ordered a heart test ( EKG, echocardiogram, stress test, Holter monitor)? | Y / N / Don't Know |
| i. Racing or skipped heartbeats?   | Y / N / Don't Know |
| j. Unexplained difficulty breathing or fatigue during exercise?                                  | Y / N / Don't Know |
| k. Any family member (blood relative):   |                    |
| (1.) Under age 50 with a heart condition?  | Y / N / Don't Know |
| (2.) With Marfan Syndrome?   | Y / N / Don't Know |
| (3.) Died of a heart problem before age 50? If yes, at what age? _____                           | Y / N / Don't Know |
| (4.) Died with no known reason?  | Y / N / Don't Know |
| (5.) Died while exercising? If yes, was it during or after? (Circle one.)                        | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

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4. **Have you ever had, or do you currently have, any of the following *eye, ear, nose, mouth or throat* conditions:**

- |   |                    |
|---|--------------------|
| a. Vision problems?   | Y / N / Don't Know |
| (1.) Wear contacts, eyeglasses or protective eye wear? (Circle which type.) | Y / N / Don't Know |
| b. Hearing loss or problems?  | Y / N / Don't Know |
| (1.) Wear hearing aides or implants?  | Y / N / Don't Know |
| c. Nasal fractures or frequent nose bleeds?                                 | Y / N / Don't Know |
| d. Wear braces, retainer or protective mouth gear?                          | Y / N / Don't Know |
| e. Frequent strep or any other conditions of the throat (e.g. tonsillitis)? | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

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5. **Have you ever had, or do you currently have, any of the following *neuromuscular/orthopedic* conditions:**

- |   |                    |
|---|--------------------|
| a. Numbness, a "burner", "stinger" or pinched nerve?      | Y / N / Don't Know |
| b. A sprain?  | Y / N / Don't Know |
| c. A strain?  | Y / N / Don't Know |
| d. Swelling or pain in muscles, tendons, bones or joints? | Y / N / Don't Know |
| e. Dislocated joint(s)?                                   | Y / N / Don't Know |
| f. Upper or lower back pain?                              | Y / N / Don't Know |
| g. Fracture(s), stress fracture(s), or broken bone(s)?    | Y / N / Don't Know |
| h. Do you wear any protective braces or equipment?        | Y / N / Don't Know |

Explain all (yes) answers here (include relevant dates):

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6. Have you ever had or do you currently have any of the following *general or exercise related conditions*:

- |   |                    |
|---|--------------------|
| a. Difficulty breathing?  |                    |
| (1.) During exercise?   | Y / N / Don't Know |
| (2.) After running one mile?  | Y / N / Don't Know |
| (3.) Coughing, wheezing or shortness of breath in weather changes?              | Y / N / Don't Know |
| (4.) Exercise-induced asthma?   | Y / N / Don't Know |
| i. Controlled with medication? (specify _____)                                  | Y / N / Don't Know |
| ii. Experience dizziness, passing out or fainting?                              | Y / N / Don't Know |
| b. Viral infections (e.g. mono, hepatitis, coxsackie virus)?                    | Y / N / Don't Know |
| c. Become tired more quickly than others?                                       | Y / N / Don't Know |
| d. Any of the following skin conditions:  |                    |
| (1.) Cold sores/herpes, impetigo, MRSA, ringworm, warts?                        | Y / N / Don't Know |
| (2.) Sun sensitivity?   | Y / N / Don't Know |
| e. Weight gain/loss (of 10 pounds or more)?                                     | Y / N / Don't Know |
| (1.) Do you want to weigh more or less than you do now?                         | Y / N / Don't Know |
| f. Ever had feelings of depression?   | Y / N / Don't Know |
| g. Heat-related problems (dehydration, dizziness, fatigue, headache)?           | Y / N / Don't Know |
| (1.) Heat exhaustion (cool, clammy, damp skin)?                                 | Y / N / Don't Know |
| (2.) Heat stroke (hot, red, dry skin)?  | Y / N / Don't Know |
| (3.) Muscle cramps?   | Y / N / Don't Know |
| h. Absence or loss of an organ (e.g. kidney, eyeball, spleen, testicle, ovary)? | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

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7. **Females only:**

Age of onset of menstruation: \_\_\_\_\_ How many menstrual periods in the last twelve (12) months? \_\_\_\_\_

How many periods missed in the last twelve (12) months? \_\_\_\_\_

8. **Males only:**

Have you had any swelling or pain in your testicles or groin? Y / N / Don't Know

PARENT/GUARDIAN SIGNATURE

I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature.

\_\_\_\_\_  
Signature, Parent/Guardian or Student Age 18

\_\_\_\_\_  
Date of Signature:

**THIS COMPLETED AND SIGNED HEALTH HISTORY MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE MEDICAL EXAM.**

# ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

## Part B: Physical Evaluation Form

(Completed by the examining licensed provider MD, DO, APN or PA)

### -STUDENT INFORMATION-

Student's Name: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 Sex: M F (circle one) Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 School: \_\_\_\_\_ District: \_\_\_\_\_  
 Parent/Guardian's Full Name: \_\_\_\_\_

### - EXAMINING PHYSICIAN/PROVIDER CONTACT INFORMATION-

If conducted by school physician check here

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### - FINDINGS OF PHYSICAL EVALUATION -

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ bpm.  
 Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Y / N Contacts: Y / N Glasses: Y / N

INDICATORS	NORMAL?	ABNORMAL FINDINGS/COMMENTS
General Appearance	YES	
Head/Neck	YES	
Eyes/Sclera/Pupils	YES	
Ears	YES	
Gross Hearing	YES	
Nose/Mouth/Throat	YES	
Lymph Glands	YES	
Cardiovascular	YES	
Heart Rate	YES	
Rhythm	YES	
Murmur	ABSENT	
If murmur present		Standing makes it:   Louder           Softer           No Change
		Squatting makes it:   Louder           Softer           No Change
		Valsalva makes it:   Louder           Softer           No Change
Femoral Pulses	YES	
Lungs: Auscultation/Percussion	YES	
Chest Contour	YES	
Skin	YES	
Abdomen (liver, spleen, masses)	YES	
Assessment of physical maturation or Tanner Scale	YES	
Testicular Exam (Males Only)	YES	
Neck/Back/Spine:	YES	
Range of Motion	YES	
Scoliosis	ABSENT	
Upper Extremities: (ROM, Strength, Stability)	YES	
Lower Extremities: (ROM, Strength, Stability)	YES	
Neurological: Balance & Coordination	YES	
Hernia	ABSENT	
Evidence of Marfan Syndrome	ABSENT	

Most recent immunizations and dates administered:

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Medications currently prescribed, with dose and frequency:

Medication Name	Dosage	Frequency

Additional observations:

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General Diagnosis:

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General Recommendations:

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**THE HISTORY PREPARED BY THE PARENT/STUDENT MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE PHYSICAL EXAMINATION.**

**CLEARANCES: This section is completed by the examining healthcare provider.**

After examining the student and reviewing the medical history the student is:

- A. Cleared for participation in all sports without restrictions.
- B. Not cleared for participation in any sport until evaluation/treatment of:

\_\_\_\_\_

- C. Cleared for limited participation in the following types of sports only. Please see below for sport classifications. CHECK ALL THAT APPLY

\_\_\_ CONTACT/COLLISION  
\_\_\_ LIMITED CONTACT

\_\_\_ NON-CONTACT/STRENUOUS  
\_\_\_ NON-CONTACT/NON-STRENUOUS

Limitations due to: \_\_\_\_\_

**NOTES TO THE EXAMINING PROVIDER**

Conditions requiring clearance before sports participation include, but are not limited to the following:

Anaphylaxis; Atlantoaxial instability; Bleeding disorder; Hypertension; Congenital heart disease; Dysrhythmia; Mitral valve prolapse; Heart murmur; Cerebral palsy; Diabetes mellitus; Eating disorders; Heat illness history; One-kidney athletes; Hepatomegaly; Splenomegaly; Malignancy; Seizure Disorder; Marfan's Syndrome; History of repeated concussion; Organ transplant recipient; Cystic fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

**SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT**

Contact/Collision	Limited Contact	Non-Contact	
		Strenuous	Non-strenuous
Basketball	Baseball	Discus	Bowling
Diving	Cheerleading	Javelin	Golf
Field Hockey	Fencing	Shot put	
Football	High Jump	Rowing	
Ice Hockey	Pole vault	Running/Cross Country	
Lacrosse	Gymnastics	Strength Training	
Soccer	Skiing	Swimming	
Wrestling	Softball	Tennis	
	Volleyball	Track	

**Effects of physiologic maneuvers on heart sounds**

Standing      Increases murmur of HCM  
Decreases murmur of AS, MR  
MVP click occurs earlier in systole

Squatting      Increases murmur of AS, MR, AI  
Decreases murmur of MCH  
MVP click delayed

Valsalva      Increases murmur of HCM  
Decreases murmur of AS, MR  
MVP click occurs earlier in systole

**Physical Stigmata of Marfan's Syndrome**

Kyphosis  
High arched palate  
Pectus excavatum  
Arachnodactyly  
Arm span > height 1.05:1 or greater  
Mitral Valve Prolapse  
Aortic Insufficiency  
Myopia  
Lenticular dislocation

HCM: Hypertrophic Cardio Myopathy  
AS: Aortic Stenosis  
AI: Aortic Insufficiency  
MR: Mitral Regugitation  
MVP: Mitral Valve Prolapse

HISTORY REVIEWED AND STUDENT EXAMINED BY: Physician's/Provider's Stamp:

- Primary Care Provider
- School Physician Provider
- License Type:
  - MD/DO
  - APN
  - PA

PHYSICIAN'S/PROVIDER'S SIGNATURE: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

**RESERVED FOR SCHOOL DISTRICT USE**

**NOTE:** *N.J.A.C. 6A:16-2.2* requires the school physician to provide written notification to the parent/legal guardian stating approval or disapproval of the student's participation in athletics based on this physical evaluation. This evaluation and the notification letter become part of the student's school health record.

History and Physical Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Reviewer (please check one):  School Nurse  School Physician

Medical Eligibility Notification Sent to Parent/Guardian by School Physician \_\_\_\_\_  
Date

Letter of notification is attached.

OR

Parent notification indicates that:

- Participation Approved without limitations.
- Participation Approved with limitations pending evaluation.
- Participation NOT Approved

Reason(s) for Disapproval: \_\_\_\_\_

\_\_\_\_\_

# NORTHERN HIGHLANDS REGIONAL HIGH SCHOOL

## FORM Z

NAME OF STUDENT ATHLETE (PLEASE PRINT) \_\_\_\_\_

GRADE \_\_\_\_\_

SPORT \_\_\_\_\_

### NJSIAA STEROID TESTING POLICY CONSENT TO RANDOM TESTING

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the back of this 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 student-athlete	Date	Signature of parent/guardian	Date
------------------------------	------	------------------------------	------

### Pre High School Participation/ 8 Semesters of Eligibility and Age Sign Off

The NJSIAA rules state that no student shall be eligible for high school participation after the expiration of eight consecutive semesters following his/her entrance into 9<sup>th</sup> grade. Students that have participated in high school level competition prior to entry into 9<sup>th</sup> grade will be ineligible after eight consecutive semesters of athletic participation.

Did you participate in a <u>high school level sport</u> while in 6th, 7th or 8th grade?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] If yes, please name sport(s), level (varsity, junior varsity, freshmen) and name the school(s):
Have you lettered in a high school sport?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] If yes, please name sport(s) and school year/grade and name the school(s):
Did you transfer to Northern Highlands HS?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] If yes, please indicate the month and year of transfer and the name of the previous school:
When did you enroll at Northern Highlands HS?	Please provide month and year and grade level when entered NHRHS:
10 <sup>th</sup> –12 <sup>th</sup> grader – Will you turn 19 years old prior to 9/1? 9 <sup>th</sup> graders – Will you turn 16 years old prior to 9/1?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] If yes, please provide your date of birth m/d/yr:

We herby attest that all of the information completed on this form is accurate.

Signature of student-athlete	Date	Signature of parent/guardian	Date
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**THIS FORM MUST BE RETURNED DIRECTLY TO THE ATHLETIC OFFICE PRIOR TO THE FIRST SCRIMMAGE.**



# Northern Highlands Regional High School

HILLSIDE AVENUE  
ALLENDALE, NEW JERSEY 07401  
PHONE (201) 327-8700 Fax (201) 327-2161  
www.northernhighlands.org

JOSEPH J. OCCHINO  
Principal

MICHAEL T. KOTH  
Assistant Principal

ROBERT E. WILLIAMS  
Dean of Student Activities  
Athletic Director

KELLY A. PETERFRIEND  
Supervisor of Guidance

November 2012

Dear Parents/Guardians,

Pursuant to The National Defense Education Act, P.L.107-107, 115 Stat. 1012, the No Child Left Behind Act at 20 U.S.C. 7908 and New Jersey law N.J.S.A. 18A:36-19.1, school districts must provide military recruiters the same access to secondary school student names, addresses, and telephone listings as educational and/or occupational recruiters.

The school district's responsibility is to inform parents of this legislation. In order to simplify the process, please fill out and sign the form below. Given the nature of the college application process, it is recommended that you give the school and your child's counselor permission to send information to colleges.

If you have any questions, please contact the guidance office at 201 327-8700 ext. 209, 219, or 256.

Sincerely,

Kelly Peterfriend  
Supervisor of Guidance

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ NH Class Of: \_\_\_\_\_

I have checked below whether I give permission to release my child's name, address and telephone number:

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Representatives from post-secondary educational institutions                      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Various branches of the U.S. Military for recruitment purposes                    |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Representatives of occupational groups or recruiters for businesses/organizations |

Parent's Signature: \_\_\_\_\_

\*\*\*\*PLEDGES HAVE BEEN AUTOMATICALLY RENEWED FOR THIS SCHOOL YEAR\*\*\*  
FAMILIES THAT HAVE PLEDGED SUPPORT IN THE PAST DO NOT NEED TO SUBMIT THIS FORM!



## 2012-2013 Northern Highlands SAFE HOMES Pledge

The Northern Highlands Home and School Association is pleased and proud to support the **SAFE HOMES** initiative. **SAFE HOMES** (Substance and Alcohol Free Environment) is a program in which parents pledge against knowingly serving alcohol to minors in their home. This is a program designed to support the NHRHS administration's zero tolerance policy on drug and alcohol abuse. In addition, this initiative is supported by all four of our police departments, municipal alliances, and borough councils.

By joining **SAFE HOMES**, you and other like-minded parents send a clear message that parents:

- should not knowingly serve alcohol or make it available to minors
- should be aware of what takes place in their home
- will not consciously allow their home to be used for illegal underage drinking and/or drug use.

There are severe and far reaching legal consequences for parents who willingly allow underage drinking and drug use. Each of our communities has adopted strong ordinances to combat these problems. As a **SAFE HOMES** participant you **benefit from the support of other parents** when you join together and take a united stand against underage alcohol and drug use.

In an effort for Northern Highlands families to know that there are other families supporting a drug and alcohol free environment, participating families will be indicated in the 2012-2013 Home and School Association Directory. **Remember, if you already pledged your support you do not have to fill out another form; your pledge is good for the duration of your child's stay at Northern Highlands.**

**Please note that this pledge is NOT a legal contract NOR legally binding.** Completing this form is a good faith effort to keep your home free of underage drinking and drug use.

*Please return pledge form:*

BY MAIL: NH Home and School Association, 298 Hillside Ave., Allendale, NJ 07401  
BY FAX: (201)327-2161

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## SAFE HOMES Pledge

I understand it is illegal to provide alcohol to children (other than my own) under the age of 21.

When I am home, I will make an effort to reduce the risk of illegal drinking and/or drug use in my home or on my property.

When I am not home, I will make an effort to reduce the risk of my home being used for illegal underage drinking and/or drug use.

Family Name: \_\_\_\_\_ Student Name(s)/Class: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

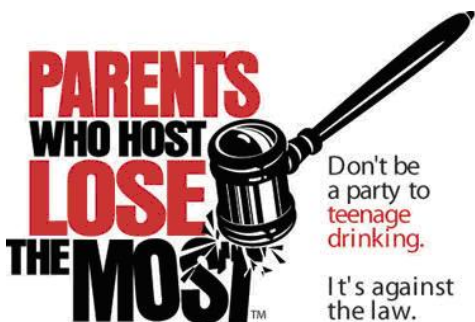


\*\*\*\*PLEDGES HAVE BEEN AUTOMATICALLY RENEWED FOR THIS SCHOOL YEAR\*\*\*  
FAMILIES THAT HAVE PLEDGED SUPPORT IN THE PAST **DO NOT** NEED TO SUBMIT THIS FORM!

## SAFE Homes Acknowledgements

A special thank you to the following groups and individuals for their continued support.

- Northern Highlands Home and School Association
- Northern Highlands Board of Education & Administration
- Allendale Municipal Alliance
- Ho-Ho-Kus Municipal Alliance
- Upper Saddle River Youth Guidance Council
- Saddle River Municipal Alliance
- Mayor Vincent Barra, Borough of Allendale
- Chief George Scherb, Allendale Police Department
- Mayor Thomas Randall, Borough of Ho-Ho-Kus
- Chief John Wanamaker, Ho-Ho-Kus Police Department
- Mayor Joanne Minichetti, Borough of Upper Saddle River
- Chief Patrick Rotella, Upper Saddle River Police Department
- Mayor Samuel S. Raia, Borough of Saddle River
- Chief Timothy McWilliams, Saddle River Police Department



After registering in Genesis, please fill in the form below. We need to have the following information in the event of an emergency or disaster, specifically employment information for both parents. If parent(s) work from home, that should be noted.

If you did not provide your emergency contacts in Genesis (i.e., relatives, neighbors, friends), please do so on this form. **Parents are always called first** so it is desirable to designate up to three other emergency contacts.

We appreciate your assistance in supplying this extra information so that we will have all necessary emergency contact information.

Please simply fill in and e-mail back to me to complete your registration. Thank you for your assistance.

**NAME OF STUDENT:**

**Northern Highlands Regional High School  
Student Contact Information**

<b>EMPLOYER NAME, ADDRESS, PHONE, CELL PHONE, E-MAIL INFORMATION</b>		
Mother Employer Name: Employer Street Address: Employer City/State/Zip: Mother Work Phone #: Mother Work e-mail: Mother Cell Phone: Name of Cell Phone Provider: <b>(for emergency text messages, i.e. Verizon, ATT, T Mobil, etc.)</b>		
Father Employer Name: Employer Street Address: Employer City/State/Zip: Father Work Phone #: Father Work e-mail: Father Cell Phone: Name of Cell Phone Provider: <b>(for emergency text messages, i.e. Verizon, ATT, T Mobil, etc.)</b>		
Student Cell Phone: Student e-mail:		
<b>EMERGENCY CONTACT INFORMATION (IF NOT ALREADY PROVIDED)</b>		
<b>(Students will not be permitted to leave with any adult other than those identified as emergency contacts.)</b>		
Contact 1:	Relationship:	Home phone: Cell phone:
Contact 2:	Relationship:	Home phone: Cell phone:
Contact 3:	Relationship:	Home phone: Cell phone:
Doctor Name:		Doctor Phone Number:



## NORTHERN HIGHLANDS OPEN REGISTRATION PROCESS

### INSTRUCTIONS FOR ONLINE REGISTRATION

(Because this process is so important, you might wish to print these instructions.)

This registration process takes approximately 15 minutes. Information will not be saved unless fully completed, so please plan on completing the process in one sitting. **Please be sure to enter student info, parent/guardian info, three emergency contacts, and your doctor info BEFORE finally submitting your data.**

- To begin, click on the following link, or open your Internet browser and access the following site:  
<http://genesis.northernhighlands.org/nohighlands/openReg>
- Click the indicated picture on the opening screen to get started.

### STEP 1: ENTER AND SUBMIT ALL STUDENT INFORMATION

- Complete all of the information requested in each field of the **Register Students** screen, which is the default screen. Type the information or select it from the dropdown list where applicable.
  - **Birth Certificate / Record number is NOT required.**
  - For **Immigration Status**, choose Y if the student is an immigrant; otherwise choose N.

Northern Highlands Regional High School Open Registration

[Register Students](#) [Contacts and Addresses](#) [Review and Submit](#) [Logout](#)

**Step 1:** List all students that are to be enrolled at Northern Highlands Regional High School. Include all information requested as applicable.

Fill out this form and then hit the 'Add Student' button

Registering for School Year:  Anticipated Grade Level:

Student First Name:  Middle Name:

Student Last Name:  Suffix:

White  
 Black  
 Hispanic  
**Select one or more:**  
 American Indian / Alaskan  
 Asian  
 Hawaiian native/other Pacific Islander

Gender:

Date of Birth:

City of Birth:  State of Birth:

Country of Birth:

Birth Certificate / Record number:

Citizenship:

Immigration Status:

Primary Language spoken by student:


Language spoken by family at home:

**No student's have been entered.**  
Fill out the form on the left and then hit the 'Add Student' button.

- When finished inputting all student information, click **Add Student**.
- Repeat this process for any siblings you would like to register at this time.
- Once you have entered information for all students, click **Advance to Next Screen**.

**STEP 2: ENTER AND SUBMIT ALL OTHER CONTACT INFORMATION**


- Section 1: Add the Student's Primary Address.

**Section 1:**  **Add the Student's Primary Address**

House #  Street Name  Apt #   
 City  State  Zip  County

- Section 2: Add information for “Guardian at Primary Address”.

**NOTE: If Mother lives at primary address, please supply Mother's information first. Otherwise, the primary guardian living with the student should be entered first.**

**Section 2:**  **Guardian at Primary Address**

First Name  Last Name   
 Relationship to Student   
 Home Phone  Cell  Work   
 Primary Email

- Section 3: To add another guardian (for instance, to add Father), choose **Click here to add another Guardian**.
- Once you have entered information for all parents/guardians, click **Advance to Next Screen**.

**STEP 3: ADD & SUBMIT EMERGENCY CONTACT(S), DOCTOR INFORMATION, AND ANY ADDITIONAL CONTACTS**

- Click **Add Another Contact** on the left side of your screen.
- Add THREE Emergency Contacts. Cell phone information is very important, because it is often difficult to reach a contact at home or work. (Note that we will not allow a student to leave school with anyone other than a parent/guardian or an emergency contact).
- After entering each new emergency contact, click **Save Contact Information**.
- To add another individual, click **Add Another Contact**.

**Which of the options below best describe who this person is?**

Emergency Contact (ie. friend, grandparent) you would like us to contact in an emergency  
 Guardian for this student  
 Other type of contact for informational purposes (ie. doctor, dentist)

**Edit Contact Information**

First Name  Last Name   
 Relationship to Student   
 Home Phone  Cell  Work   
 Primary Email

Do you need to add an address to this person?  Yes  No **Optional**

- When finished adding Emergency Contacts, please enter doctor information.
- Click **Add Another Contact** and choose “Other type of contact...”

**Which of the options below best describe who this person is?**

Emergency Contact (ie. friend, grandparent) you would like us to contact in an emergency

Guardian for this student

Other type of contact for informational purposes (ie. doctor, dentist)

---

**Add Contact Information**

First Name  Last Name

Relationship to Student Doctor ▼

Home Phone  Cell  Work

Primary Email

**Do you need to add an address to this person?**  Yes  No

- Repeat for any other contacts you would like to register with us.
- After saving the last contact’s info, click **Advance to Next Screen.**

#### STEP 4: REVIEW AND SUBMIT

- Please review all information entered.
- If you need to edit or add information, click on the **Edit Contact Information** button.
- If you would like a confirmation email, provide your email address.
- Once information has been reviewed, click **Submit Registration Information** (*once information is submitted, it cannot be accessed for editing anymore*).

#### STEP 5: SAVE FINAL REPORT

You will be presented with a report showing all registration information. Please save this on your computer for future reference by clicking the diskette icon on the toolbar.