

LOWER CAPE MAY REGIONAL HIGH SCHOOL ATHLETIC DEPARTMENT

Mark Schiffbauer, A.D.

687 Route #9, Cape May, New Jersey 08204

Telephone: (609) 884-3475 Fax: (609) 884-0546

Assistant Principal
Joy Ford

Assistant Principal
Peter Daly

Student Athlete _____

Grade _____

Address _____

Phone # _____

E-Mail Address _____

As a resident student of Lower Township, Cape May or West Cape May I am applying to try out for a Lower Cape May Regional NJSIAA Sanctioned Athletic Team _____ (name of sport). I have read and agree to the terms of the LCMRSD Board of Education's Policy on Athletic Competition. I also agree to any and all LCMRSD Academic, Behavioral and Eligibility Requirements and understand I represent Lower Cape May Regional High School as an Athlete.

Student _____

Date _____

As a Parent/Guardian of the named student above I support this application, acknowledge the terms and conditions of the Lower Cape May Regional Board of Education's Policy #2431, specifically items A-D and fully understand the physical hazards of the above named sport.

Parent Signature _____

Principal Approval _____

Date _____

Cape May County Vocational Technical's

Principal Approval _____

Lower Cape May Regional High School

**When turning in this form, please provide a copy of parent driver's license and insurance.