

# LOWER CAPE MAY REGIONAL HIGH SCHOOL

## ATHLETIC DEPARTMENT

**Matt Danze, A.D.**

687 Route #9, Cape May, New Jersey 08204

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

Assistant Principal  
Erich Wolf

Assistant Principal  
Kelly Godfrey

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. \_\_\_\_\_

Cape May County Vocational Technical's

Date \_\_\_\_\_ Principal Approval \_\_\_\_\_

Lower Cape May Regional High School

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