

WASHINGTON TOWNSHIP HIGH SCHOOL



ATHLETIC REGISTRATION FALL 2025 INFORMATION



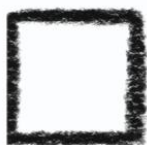
DUE

**Football
Friday
June 6th**

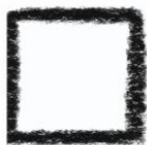


DUE

**All Fall Sports
Thursday
July 3rd**

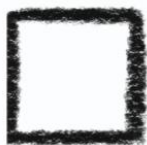


Medical Eligibility Form (MEF - 1 Page signed by Family Physician)



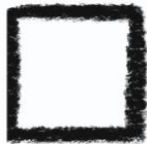
Health History Questionnaire (HHQ)

- Only if date of physical exam is older than 90 days, then
- Complete online via GENESIS



Action Plan/Clearances

- Submit original form
ie: Actions: Asthma, Epi-pen, Diabetic
ie: Othro, Cardiac, Medical Clearance



Register on GENESIS (opens May 5th)

Please submit original MEF to
the Athletic Office.

If you have any questions, please contact us.

SPfizenmayer@wtps.org



Washington Township High School
SCHOLASTIC STUDENT-ATHLETE SAFETY ACT
INFORMATION FACT SHEET
FOR PARENTS/GUARDIANS

Prior to participation on a school-sponsored interscholastic or intramural athletic team or squad, each student-athlete in grades six (6) through twelve (12) must present a completed Medical Evaluation Form, performed at their medical home. (family physician) to the designated school staff member. New Jersey State Code (N.J.A.C. 6A:16) Important information regarding the Medical Evaluation Form (MEF) is provided below, and you should feel free to share with your child's medical home health care provider.

1. **The Medical Evaluation may ONLY be completed by a licensed physician, advanced practice nurse (APN) or physician assistant (PA) that has completed the Student-Athlete Cardiac Assessment Professional Development module.** It is recommended that you verify that your medical provider has completed this module before scheduling an appointment for a Medical Evaluation.
2. The required MEF must be conducted within 365 days prior to the first official practice in an athletic season. The Medical Evaluation Form is available in English and Spanish
<https://www.nj.gov/education/safety/health/athlete/>
3. The parent/guardian must complete the History form (2 pages) and insert the date of the required physical examination at the top of the page.
4. The parent/guardian must complete The Athlete with Special Needs: Supplemental History Form, if applicable, for a student with a disability that limits major life activities and, insert the date of the required physical examination on the top of the page.
5. The licensed physician, APN or PA who performs the physical examination must complete the remaining two pages of the MEF and insert the date of examination on the Medical Evaluation Form and Physical Evaluation Form.
6. The licensed physician, APN or PA must also sign the certification statement on the MEF. Each board of education and charter school or non-public school governing authority must retain the original signed certification on the PPE form to attest to the qualification of the licensed physician, APRN or PA to perform the Medical Evaluation.
7. The school district will provide notification to the parent /guardian via the Genesis portal. Indicating approval of the student's participation in a school -sponsored interscholastic or intramural athletic team or squad based on review of the medical report or must provide the reason(s) for the disapproval of the student's participation.
8. For student-athletes that had a medical examination **completed more than 90 days prior to the first official practice in an athletic season, the Health History Questionnaire (HHQ) form must be completed and signed by the student's parent/guardian.** The HHQ must be reviewed by the school nurse and, if applicable, the school's athletic trainer. The HHQ is attached and/or available on our Genesis portal.

For more information, please review the Frequently Asked Questions which are available at

<https://www.nj.gov/education/safety/health/athlete/faq.shtml>

You may also direct questions to:

Heather Scarduzio, School Nurse (grades 9/10), 856-589-8500 x7631 – hscarduzio@wtps.org

Kathleen Luckiewicz, School Nurse (grades 11/12), 856-589-8500 x 7044 – kluckiewicz@wtps.org

Kevin Murphy, Assistant Principal/Director of Athletics, 856-589-8500 x7219 – kmurphy@wtps.org

STUDENT ATHLETE PHYSICAL AND REGISTRATION NOTES

DO NOT GIVE THE MEDICAL EVALUATION FORM TO YOUR SPORT COACH

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Student's physician must sign and date the Medical Eligibility Form

REGISTRATION VIA GENESIS:

Parents/Guardians should register by using this link:

wtps.org/genesis

Follow these steps:

1. Click Genesis Parents
2. Log in to parent access
3. Click Forms
4. Click Forms Library
5. Complete *FALL SPORT PARTICIPATION REGISTRATION*
6. Complete on-line Health History Questionnaire (HHQ) if physical exam date is greater than 90 days from start of sport season
7. Click Update Answers