

#### Welcome

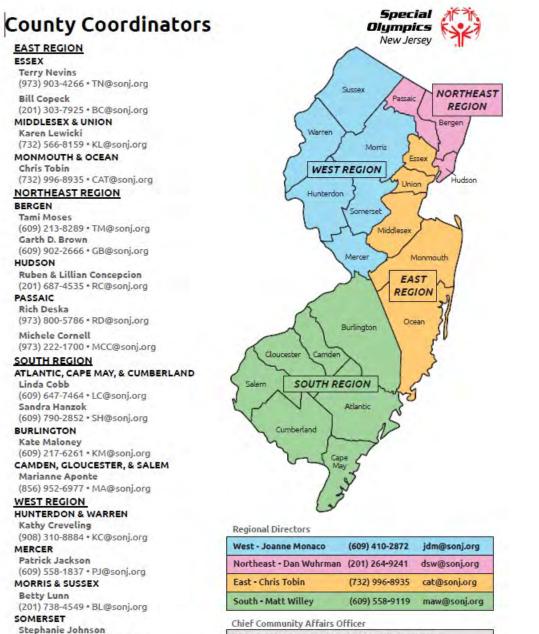
New Jersey

Des

### Language Changes



WAS	NOW
Sectionals	Regionals
Field Service Directors	Regional Directors
Area Director	County Coordinator
Area 1 etc	Hudson County, etc
Area 1,2,12	North East Region – Dan Wuhrman
Area 5,6,9	East Region – Chris Tobin
Area 3,4,10,11	West Region – Joanne Monaco
Area 7,8,13	South Region – Matt Willey
Director-area01@sonj.org etc	XX@sonj.org (initials of County Coordinator)



Carmen Bannon (609) 217-3385 cb@sonj.org

(908) 392-3464 • SJ@sonj.org



## **Background & Updates**



- SONA/SOI
- Increased participation among athletes
- Phase 1





- 1. Demographic Information
- 2. Waivers Releases and Policies
- 3. Emergency Medical Care Refusal Form \*ONLY if one of the two boxes is checked on the release form.
- 4. The Health History Pages
  - The health history is important to have medical information on hand during training and competition, in case of a medical emergency

## **Acceptable Versions**



- 1. SONJ forms excluding the physical exam page
- 2. SONJ forms including physical exam page
- 3. NJ PPE physical exam page with SONJ forms
- 4. NJ DDD physical exam page with SONJ forms





Please note: All required boxes must be checked on this checklist in order for an athlete to be cleared for participation.

Page 1: Athlet	e Registration Form
Athlete first and last name     Address	Date of birth     Geoder     Phone number and/or email
	edical Form - Health History or parent/guardian/caregiver)
Diagnosed with any listed conditions OR	list of current medications
	edical Form - Physical Exam OPTIONAL edical professional ONLY)
Examiner has entered ANY medical physical information     Date of exam     Examiner signature/stamp	Examiner clears athlete for participatio     Recommentations     Phone, email, AND/OR license #     of examiner
Page 6: Athl	ete Release Form
Athlete name     Athlete signature (IF OWN GUARDIAN)	Date     Parent/guardian signature     (IF ATHLETE NOT OWN GUARDIAN)
Page 7: Athlete 1	ikeness Release Form OPTIONA
Athlete name     Athlete signature (IF OWN GUARDIAN)	<ul> <li>Date</li> <li>Parent/guardian signature (IF ATHLETE NOT OWN GUARDIAN)</li> </ul>
	Refusal Form (Athlete Completion) OR fusal Form (Parent/Guardian Completion)
Required ONLY IF the athlete or the pare in item 4 on the Release Form (page 6).	nt/guardian of the athlete checks either box
Page 10: Commun	icable Diseases Waiver
Athlete name     Athlete signature (IF OWN GUARDIAN)	Date     Parent/guardian signature     (IF ATHLETE NOT OWN GUARDIAN)

# **More Information To Come**



- New Forms will be coming...
- Health History will need to be collected annually
  - Once a year NOT once every 3 years
  - No Physical Exam page will be required to participate
- This is a slow rollout and will be on the athlete's timeline as their current medicals expire
- Starting with date of exams November 1<sup>st</sup> 2024 or later, we will no longer be counting as valid for 3 years. Anything with a date of exam, October 31<sup>st</sup>, 2024 or prior will be valid for 3 years.





- If a coach asks to require the physical exam page can they?
  - No
- Will you stop accepting the physical exam page?
  - No, but starting with a date of exam November 1<sup>st</sup> 2024 or later, we will no longer be accepting this valid for 3 years. Instead, it will be valid for 1 year.
- Are physical exam pages required for USA, Regional, and World Games?
  - Yes within 12 months of the Games
- Will schools still require the physical exam page?
  - Yes, in order to participate with the school, the school may require the physical exam page however SONJ will only require the health history pages.
- Do you need a physical exam page to participate in Unified Cup?
  - No
- How often do the waivers need to be completed (Release Forms and Communicable Diseases Waiver)
  - Once per athlete

### **Other Questions?**



#### Please contact Jeff Baldino at <u>JJB@sonj.org</u> or Amelia Hamilton at <u>ARH@sonj.org</u>

Thanks!