

Central Regional School District  
Athletic Office  
509 Forest Hills Parkway  
Bayville, New Jersey 08721

June 2025

Dear Parent/Guardian:

**The Pre- Participation Physical Evaluation Medical Eligibility Form must be submitted along with this cover letter to the school nurse prior to approval for your child’s sports season.**

The summer hours for the school district are Monday – Thursday  
(High School and Middle School 8am-3pm.)

**PLEASE READ---In order to complete the REMAINDER of the process for your child to be cleared for sports participation, you and your child will need to log on to the FamilyID Website. The FamilyID program can be found by going on to our school’s athletic website or the following link will bring you directly to the FamilyID Central Regional registration page**

<https://students.arbitersports.com/organizations/central-regional-athletics>

\*When logging into the FamilyID program, you will need to register for the sport your child is participating in prior to the start of **each** new sports season.

\*\*\*If your child has asthma, diabetes, a heart murmur, severe allergic or anaphylaxis, or any other health concern, the links to the District’s medical forms are located on both the FamilyID site and the School’s website under School Nurse. These forms must be filled out, signed by your physician and handed back into the school.

If you have any questions, please call the Athletic Office at 732-269-1100 ext. 3234.

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Must be completed by Parent/Guardian and returned with the Pre-Participation Physical Evaluation Medical Eligibility Form

STUDENT’S NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex: M F (circle one) High School: \_\_\_\_\_ Middle School: \_\_\_\_\_

Parent/Guardian Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Sport: \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_