





# **HAMILTON HALL ACADEMY**

## **ALCOHOL/DRUG TEST CONSENT FORM**

I, \_\_\_\_\_ pursuant to a request by my appointing authority as a condition of participating at Hamilton Hall Academy \_\_\_\_\_ hereby give my consent to and authorize Hamilton Hall Academy and the testing laboratory designated by the Hamilton Hall Academy to perform analytical tests deemed necessary to determine the absence or the presence of alcohol and/or drugs (**Check all that apply**) in my  urine,  blood, or  breath as specified by statute and regulation.

I give my consent to release the results of the test(s) and other related medical information from the laboratory to individuals within Hamilton Hall Academy who, pursuant to statute or regulation, have a need to know of the alcohol and drug testing results and to the use of all such reports or other medical information by Hamilton Hall Academy in its assessment of my application and athletic participation status. I understand the results of the test may not be used in any criminal proceeding.

**I understand that:**

The appointing authority may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I must provide such proof within 72 hours.

I have the right to request a re-test of the initial specimen at a licensed laboratory of my choice when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) business days of the receipt of the original positive test result. The results of the sample must be forwarded to me by the appointing authority of the agency.

A positive test for alcohol and/or drugs, or my refusal to authorize the test(s) by signing this form, taking the specified test(s) or producing a specimen, may result in the following action: dismissal from Hamilton Hall Academy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director's Signature (if Applicant refuses to sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature (if Applicant refuses to sign)

\_\_\_\_\_  
Date

# **HAMILTON HALL ACADEMY**

## **REBELS BASKETBALL**

### **CODE OF CONDUCT**

It is the goal of our basketball program to play with pride, honor and dignity by always displaying good sportsmanship and respect towards our opponents, coaches, players and parents. In support of this goal all athletes involved with Hamilton Hall Academy are required to abide to the following Code of Conduct:

- I will attend practice and games as scheduled and will notify my coach if I cannot attend.
- I will not use profanity.
- I will not berate teammates, coaches and/or officials.
- I will treat players, coaches, officials and fans with respect regardless of race, creed and/or ability.
- I will express my concerns through the proper channels in a respectable manner.
- I will help create a safe playing environment for our team that is free from DRUGS, ALCOHOL, and TOBACCO and will refrain from their use.
- I will not engage in any negative behavior which would endanger the safety or well-being of a coach, player, parent or official.

I have read, understand and will abide by the Player's Code of Conduct. I understand that if I break and/or ignore the rules as outlined above, I will be subject to disciplinary action up to and/or including expulsion from the team and/or future Hamilton Hall Academy games, activities and/or events.

Participant's Name (Print): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

**HAMILTON HALL ACADEMY**  
**Application Packet Checklist**

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ Official High School Transcript
- \_\_\_\_\_ Copy of State Issued ID card or Driver's License
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Copy of SAT/ACT scores (if applicable)
- \_\_\_\_\_ Copy of Medical Insurance Card (Front and Back)
- \_\_\_\_\_ Copy of Current Immunization Records
- \_\_\_\_\_ Copy of Physical Examination (within last 6 months)
- \_\_\_\_\_ Copy of Social Security Card

# HAMILTON HALL ACADEMY

## Official Application

Gender/Race Male \_\_\_\_\_ Race \_\_\_\_\_

1. Name: \_\_\_\_\_  
First Middle Last

2. Beginning Semester: Fall \_\_\_\_\_. Spring \_\_\_\_\_. Summer \_\_\_\_\_, 20 \_\_\_\_\_

3. Prospective Term \_\_\_\_\_ Sport \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_  
Month/Date/Year

6. Place of Birth: \_\_\_\_\_  
City/State

7. Address: \_\_\_\_\_  
Street Apartment #

\_\_\_\_\_  
City State Zip Code

8. County: \_\_\_\_\_

Mailing Address if different from above

9. Address: \_\_\_\_\_  
Street Apartment #

\_\_\_\_\_  
City State Zip Code

10. County: \_\_\_\_\_

11. Home Area Code: \_\_\_\_\_ Phone: \_\_\_\_\_

12. Email (Student) Address: \_\_\_\_\_

13. Name of High School: \_\_\_\_\_

14. Month/Year of Graduation/Location: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

15. Have you taken the ACT/SAT Exam? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If Yes: \_\_\_\_\_ ACT \_\_\_\_\_ SAT (b) Date Taken: \_\_\_\_\_ Score: \_\_\_\_\_

16. If you did not graduate, did you pass the "GED" Test? Yes, No **13(b)** Composite Score:

\_\_\_\_\_

17. Have you ever been arrested or convicted of a misdemeanor or felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

**19. This portion of the application has no bearing for admissions purposes. Its use is for statistical purposes only!**

20. Will you need housing? Yes \_\_\_\_\_ No \_\_\_\_\_

Freshman \_\_\_\_\_ Transfer \_\_\_\_\_ Re-Admit \_\_\_\_\_

Have you ever been suspended, placed on probation or denied enrollment by an institution, including Hamilton Hall Academy?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:

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**LIST ALL SCHOOLS ATTENDED, INCLUDING HAMILTON HALL ACADEMY ALONG WITH DATES ATTENDED**

\_\_\_\_\_ **Date: from** \_\_\_\_\_ **to** \_\_\_\_\_

\_\_\_\_\_ **Date: from** \_\_\_\_\_ **to** \_\_\_\_\_

\_\_\_\_\_ **Date: from** \_\_\_\_\_ **to** \_\_\_\_\_

**21.** I certify that the above information is true, accurate and complete:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail (ALL) items to:**

Hamilton Hall Academy  
ATTN: Admissions Dept.  
12 Pheasant Lane  
Willingboro, NJ 08046

**Please print your child's full name on the back of each document (mailed) submitted to our address.**

**Upon receipt** of the completed admissions packet you will receive an email confirmation.

A **\$500 nonrefundable** commitment fee must accompany your application packet. This fee will secure your space on the team and boarding. This fee will go towards the initial \$1500 placement fee; then, ultimately deducted from the total tuition cost.

**You may elect to email/scan** your documents to [Hamiltonhallathletics@yahoo.com](mailto:Hamiltonhallathletics@yahoo.com). If you have any questions or comments about this process, please contact the Admissions Office via phone call or text message @ 609.326.3616.