

2010-2011 BEATRICE HIGH SCHOOL STUDENT AND PARENT CONSENT FOR INTERSCHOLASTIC PARTICIPATION

I _____ (Student's Name) request to participate in Beatrice High School interscholastic activities in the 2010-2011 school year. In making this request, Student states: This application to participate in interscholastic activities for the Beatrice High School is entirely voluntary on my part. I have read the eligibility rules and regulations of the Nebraska School Activities Association and the rules and regulations of Beatrice High School. I am not in violation of such rules.

(I am)(We are) the Student's parent or guardian ("Parent") and hereby give consent for the Student to participate in Beatrice High School interscholastic activities in the 2010-2011 school year.

Parent and Student hereby give the following statements, agreements and consents:

WARNING OF RISK: I realize that participation involves the potential for injury which is inherent in all interscholastic activities. Even with the protective equipment, safety rules and instruction and direction of coaches and sponsors that are provided, injuries are still a possibility. The severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death. *I acknowledge that I have read and understand this warning.*

MEDICAL: Parent is responsible for any professional medical and/or related services; the school shall not be liable for payment of such services. Parent and Student give permission to any and all of the Student's health care providers to release and discuss all records and information such health care providers may have about Student (including otherwise confidential medical information and records) to Beatrice High School and its employees, staff, agents, and consultants. Parent and Student further give permission to Beatrice High School, its employees, staff, agents, and consultants, to release and discuss all records and information it has (including otherwise confidential medical information or records) to Student's health care providers and to others as Beatrice High School may determine appropriate for the purposes of determining activity eligibility, fitness or injury status, or to respond to an emergency. Parent authorizes the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the Student in the course of such activities if the Parent cannot be contacted.

INSURANCE: I acknowledge that insurance coverage is recommended for all participants. The expense of insurance coverage is Parent's responsibility. Information regarding insurance is available in the Athletic Director's office.

ELIGIBILITY RULES: The major rules and regulations governing Student's eligibility to participate in interscholastic activities have been disclosed to Student and Parent. I have read the Nebraska School Activities Association rules of eligibility for participation in interscholastic activities, including the parent domicile, student transfer and scholastic rules. I understand that activity participants must be enrolled in at least twenty hours per week and regular in attendance and have on school records a minimum of 20 hours credit for the immediate preceding semester. Beatrice High School includes additional eligibility requirements as set forth in the Parent-Student Handbook.

TRANSPORTATION: I understand the activity may be conducted at a location other than Beatrice High School. In some instances Beatrice High School will not provide transportation to the activity. In such cases transportation to the site is the responsibility of Parent and Student. I understand that Beatrice High School is not responsible when Student is provided transportation by a private vehicle driven by others.

GOOD SPORTSMANSHIP: I understand good sportsmanship is essential to the success of the activity program. A failure to follow the principles of good sportsmanship or other inappropriate behavior may result in removal from the contest and may result in suspension from attending future contests or activities.

RELEASE OF INFORMATION: I consent to the release of Student's information including the following: Student's name, address, telephone number, electronic mail address, photograph, date and place of birth, dates of attendance, grade level, grade point average, class rank, enrollment status, height and weight, honors and awards received, participation in other recognized activities, performance statistics. I agree to being photographed, videotaped, audio taped, or recorded by any other means while participating in school activities, and waive any privacy rights, ownership or other rights with regard to the display of such recordings. Most typically this information will be used for the purpose of compiling roster/program information and recognizing excellence in both athletics and academics and released for publication in newspapers, school publications, and for awards banquets or assemblies, all-conference or all-state awards.

UNIFORM / EQUIPMENT RETURN: I agree to return all uniforms and equipment issued to me promptly on request and upon the ending of my participation in good condition; subject to wear and tear that occurs from normal use. I accept financial responsibility for the return of items assigned to Student and agree to reimburse the school the actual replacement value of the items in the event that they are not returned or are damaged, and for the cost of repairs if they can be repaired. I understand that failure to reimburse the school in a timely fashion could affect extracurricular activity eligibility.

ACTIVITY CODE: The Beatrice High School Parent-Student Handbook includes an Activity Code that sets out rules of behavior. Student agrees to comply with the Activity Code. In the event I am uncertain as to whether particular behavior or conduct would violate the Activity Code, I understand that I should ask the Athletic Director for advice before engaging in the behavior or conduct. I agree that participation in extracurricular activities is a privilege that may be denied by suspension or other discipline if Student does not comply with the Activity Code.

I agree that the Activity Code is a set of school rules and are not to be interpreted the same way as a criminal code. As such, I agree that the rules are subject to interpretation by school officials. I also agree that school officials may determine that a violation of the Activity Code has occurred when school officials reasonably determine from whatever information they find credible that the Student engaged in the conduct in question. School officials may determine that a violation of the Activity Code has occurred even though a criminal charge related to the conduct is still pending and even if Student has been found not guilty or the criminal charge has been otherwise dismissed.

Date: _____
(Signature of Student)

Date: _____
(Signature of Guardian)

RETURN

THE INFORMATION GIVEN BELOW IS FOR THE SOLE PURPOSE OF EMERGENCIES. PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE.

**BEATRICE HIGH SCHOOL
STUDENT EMERGENCY INFORMATION**

_____/_____/_____
Student Last Name Student First Name MI Date of Birth

Grade: 9 10 11 12 Gender: M F

_____, NE _____
Street Address City Zip Phone #

EMERGENCY CONTACT INFORMATION

Primary Contact Person: _____ Relationship to Student: _____
Home #: _____ Work #: _____ Cell #: _____
Address: _____

Secondary Contact Person: _____ Relationship to Student: _____
Home #: _____ Work #: _____ Cell #: _____
Address _____

STUDENT'S MEDICAL PROVIDER INFORMATION

Student's Physician: _____ Telephone: _____
Student's Dentist: _____ Telephone: _____
Insurance Company: _____ Telephone: _____
Policy ID Number: _____ Policy Holder: _____

STUDENT'S MEDICAL BACKGROUND INFORMATION

Date of Last Tetanus Shot: _____ Blood Type: _____
Allergies to Drugs: _____
Allergies to Foods: _____
Student's medications an emergency responder should be aware of:

Other information an emergency responder should be aware of:

Any other pertinent information coaches/sponsors should know about related to emergency response to

Date: _____

(Signature of Parent/Guardian)