

PARENT PERMISSION FORM

THIS FORM IS TO BE FILLED OUT COMPLETELY, FILED IN THE OFFICE OF THE ACTIVITIES DIRECTOR OF MILLARD HIGH SCHOOL, AND THAT A NON-REFUNDABLE FEE OF \$50.00 IS PAID TO THE SCHOOL BEFORE THE STUDENT IS ALLOWED TO TRYOUT, PRACTICE AND/OR COMPETE.

CURTAILMENT OF EXTRACURRICULAR ACTIVITIES

A student who is being disciplined pursuant to District Policy or Rule may be restricted or curtailed from extracurricular activities during the suspension/expulsion or mandatory reassignment. In addition, a student who is disciplined for a violation of District Rule 5400.4, Students Curtailment of Extracurricular Activities (as detailed in the Student Handbook) may also be restricted or curtailed from extracurricular activities for conduct occurring off-school grounds and not during school hours if the violation occurs during the academic school year. I have read and understand the above statement.

ATHLETICS/ACTIVITIES INSURANCE VERIFICATION

Millard School Board Policy and rule 5600.3 requires all students who participate in extracurricular programs to be covered by medical insurance. In order for your son/daughter to be eligible to participate, he/she must have proof of insurance. Please indicate the name of the insurance company and policy number for medical coverage for your son/daughter. I/WE understand that the school and District carries no insurance of any kind to cover medical expenses that may occur from participation in athletics/activities and that the school and District themselves will not be responsible for any such expenses. I/WE agree that we have adequate insurance to cover our son/daughter for any medical expenses incurred while participating in extracurricular athletics/activities or we will assume all such expenses ourselves personally. Students who do not have family insurance may be eligible to apply for health insurance coverage. Kid's Connection, Nebraska Children's Health Insurance Program, is an insurance program made available through the Nebraska Health and Human Services System. Kid's Connection is a health insurance program developed by the State of Nebraska as an extension of Medicaid and provides health coverage to uninsured children across the state of Nebraska. Applications can be obtained by calling the Pupil Services Office (715-8300) at the Don Stroh Administration Center, or from your school office.

NAME OF INSURANCE COMPANY (REQUIRED): _____

INSURANCE POLICY NUMBER (REQUIRED): _____

TRANSPORTATION

All participants are expected to use school-provided transportation to and from the site of all away events. The District is not responsible for providing transportation to any practice session which may be held on or off District property. Parents/guardians shall be responsible for providing any transportation necessary for the attendance by their son/daughter at all practices. Parents and students may request an exception from the use of school-provided transportation; **HOWEVER, THE PROPER TRANSPORTATION FORMS MUST BE ON FILE IN THE ACTIVITIES OFFICE.**

WARNINGS AND CONSENT

I/WE understand and agree that participation in NSAA-sponsored activities is voluntary on the part of the Student and is a privilege, not a right. I/We understand and agree that by this Consent Form the NSAA has provided notification to the Parent and Student of the existence of potential dangers associated with athletic/activity participation. 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, or death; even with the best coaching, use of the best protective equipment and strict observances of rules, injuries are still a possibility.

I/WE consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA-sponsored activities, and the activities rules of the NSAA member school for which the Student is participating.

I/WE consent and agree to the disclosure by the school at which the student is enrolled to the NSAA and subsequent disclosure by the NSAA of information regarding the student, including the student's name, address, telephone number, electronic mail address, photograph, date and place of birth, major fields of study, dates of attendance, grade level, weight and height as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the student's participation in NSAA sponsored activities. I/WE consent and agree to the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

PLEASE NOTE: If you do not wish to have health information shared with school or District staff members (as needed) other than the school nurse and principal, the parent/legal guardian must notify the school in writing.

I/WE authorize 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 athletics/activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury to my student in the course of such athletics/activities or such travel. I/WE understand that if an Inhaler/Epi-pen needs to be accessible, it will be my responsibility to provide a separate Inhaler/Epi-pen that will be kept with the coach's first aid supplies until the end of that sport's season. I/WE do not know of any existing physical condition or health reason that would preclude participation in athletics/activities. I/WE certify that the answers to the medical history questions on the athletic pre-participation screening form as well as statements on this document are true and accurate.

I/WE acknowledge that I/WE read the above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics/activities. Having read the warning above and understanding the potential risk of injury to my Student, I/WE hereby give my/our permission for our student to practice and compete for the above named high school in athletics/activities approved by the NSAA.

Parent/Guardian Signature

Date

Student Signature

Date