

NATRONA COUNTY SCHOOL DISTRICT #1 ATHLETICS
Student / Parent / Guardian Information and Consent

PLEASE SIGN AND RETURN TO YOUR SCHOOL'S ATHLETIC DIRECTOR

Student Name _____
Last First M.I.

Date of Birth _____ Age as of Aug 1 _____ Nov 1 _____ Mar 1 _____

Grade _____ Male Female

School Attended Previous Semester _____

Sports Participated in Last School Year _____

CONSENT TO PARTICIPATE (PHYSICAL EXAMINATION FORM)

The NCSD #1 Safety Program is designed to provide a safer environment for athletic participation. We want participants and parents to understand the inherent risks of athletic participation. To educate the athlete, we require them to view the video "*Sports Risk: You Be the Judge.*" We strongly encourage every parent/guardian to view this same video when scheduled at your child's school, which is normally prior to the first contest of each sports season. If parents/guardians are unable to attend the scheduled meeting, arrangements to view the video may be made by contacting your school's athletic director.

I/We, as legal guardians, give our permission for our child to participate in organized NCSD #1 athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or death. I/We acknowledge that I/we have read and understand this warning.

CONSENT FOR EMERGENCY MEDICAL TREATMENT (PHYSICAL EXAMINATION FORM)

I/We as legal guardians, give our permission for NCSD #1 to sign for emergency treatment for our child named above. Parents/Guardians will be notified in case of serious illness or injury as quickly as possible, but this will make treatment possible.

INSURANCE (PHYSICAL EXAMINATION FORM)

I/We as legal guardians understand that insurance is mandatory for anyone participating in athletics and/or cheerleading. NCSD #1 does not carry health or accident insurance for students. As a convenience to patrons, the school district does endorse one student accident insurance company yearly. Information and application for purchasing this insurance is available at your school and is included as part of this Student/Parent/Guardian Information Packet.

PHYSICAL INFORMATION (PHYSICAL EXAMINATION FORM)

I/We as legal guardians, agree that should any information on the physical form change during the course of the school year, I/we will immediately submit to school officials in writing, the change that has occurred. I/We understand that no participation will be allowed until the physical form is completed and returned to administrative personnel.

ACADEMIC ELIGIBILITY / CODE OF CONDUCT

I/We have reviewed and understand the Academic Eligibility and Code of Conduct policies.

WYOMING HIGH SCHOOL ACTIVITIES ASSOCIATION ELIGIBILITY INFORMATION

I/We have reviewed the WHSAA information, "How to Protect Your Eligibility for High School Activities," with our son/daughter.

TRANSPORTATION

I/We understand that an activity may be conducted at a location other than the student's school of attendance. In many instances, the school and District will provide transportation between the school of attendance and the site of the activity. In those instances, the student must use the District provided transportation. In some instances the school and District will *not* provide transportation between the school of attendance and the site of the activity. In these instances transportation to the site is the responsibility of the student and/or parent/guardian, and may involve transportation by a private vehicle driven by others.

RECORDS RELEASE

I/We give permission for academic information including grade point average, class rank and any academic awards/recognition received by the student/athlete to be released for the purpose of recognizing excellence in both athletics and academics. Most typically this information will be used by newspapers, school publications, awards banquets, assemblies, all conference or all state awards. I/We understand NCSD #1 will protect my child's health information (Form SS-H-06) as prescribed the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) and that the information becomes part of the student's permanent record. The information will be shared with individuals working at or with NCSD #1 for the purpose of providing appropriate educational and school health services. Wyoming law prohibits NCSD #1 from making further disclosure of health information. This authorization shall become effective immediately and shall remain in effect until revoked. I/We understand that I/we may revoke, in writing, this authorization at any time.

I/We have read and understand the information contained in this packet.

Parent Signature _____ Date _____

Student Signature _____ Date _____

If you have any questions, please call your school's athletic director or principal.