

GIBBON PUBLIC SCHOOLS
ATHLETIC REGISTRATION
REQUIRED FORMS

1. PHYSICAL (CLEARANCE FOR ATHLETIC PARTICIPATION) _____
2. ATHLETIC ELIGIBILITY (NSAA) _____
3. MEDICAL INSURANCE DECLARATION _____
4. PARENT CONSENT FOR MEDICAL TREATMENT (NOTARIZED) _____
5. NSAA STUDENT AND PARENT CONSENT _____

NAME _____

GRADE _____

Dear Parents:

The attached packet contains the necessary forms required for your student to participate in Gibbon High School athletics. Please read each form carefully and feel free to contact the high school if you have any questions about the forms, physicals or notarization.

Prior to the start of school, Gibbon High School will host an **Athletic Registration** day. We are planning this meeting for **Thursday, August 5th 2021 at 7:00 p.m.** On athletic registration day, the following tasks may be completed:

1. Submission of forms required for athletic participation.
2. Notarization of Consent for Medical Treatment form.
3. Payment of Activity Fees. This includes the purchase of family passes.
4. Gibbon Booster Sign-up. Not mandatory but highly recommended.

We highly recommend planning to attend the athletic registration day with your student. Failure to attend could result in your student being delayed in participation due to incorrect paperwork or failure to pay fees.

PARTICIPATION FEE/ACTIVITY PASSES

Listed below is a summary of the athletic fees: **Athletes must pay fees in order to participate.**

A participation fee of \$25.00 will be charged for each athlete in grades 9-12. A maximum of \$50 will be collected per family for athletes. These participation fees will apply toward the purchase of season passes.

The following schedule will be used for participation fees/activity passes.

Athletic Fee per Athlete in Grades 9-12:	\$ 25
Maximum Athletic Fee per Family	\$ 50
Student Activity Pass	\$ 25
Adult Activity Pass	\$ 40
Maximum Family Participation/Activity Pass Fee	\$125

The athletic pass must be shown at the gate or door to gain admittance to events the athlete will be a spectator. The participation fee should be paid the first week of school at the high school office.

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				
2. Has a provider ever denied or restricted your participation in sports for any reason?				
3. Do you have any ongoing medical issues or recent illness?				
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
10. Have you ever had a seizure?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?				
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				

BONE AND JOINT QUESTIONS		Yes	No
14.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS		Yes	No
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22.	Have you ever become ill while exercising in the heat?		
23.	Do you or does someone in your family have sickle cell trait or disease?		
24.	Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)		Yes	No
25.	Do you worry about your weight?		
26.	Are you trying to or has anyone recommended that you gain or lose weight?		
27.	Are you on a special diet or do you avoid certain types of foods or food groups?		
28.	Have you ever had an eating disorder?		
FEMALES ONLY		Yes	No
29.	Have you ever had a menstrual period?		
30.	How old were you when you had your first menstrual period?		
31.	When was your most recent menstrual period?		
32.	How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.

Parent or Legal Guardian Signature _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

 Medically eligible for certain sports

 Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____



GUARD YOUR ACTIVITIES ELIGIBILITY – 2021-2022

IN ORDER TO REPRESENT A NEBRASKA HIGH SCHOOL IN INTERSCHOLASTIC ACTIVITIES COMPETITION, A STUDENT MUST ABIDE BY ELIGIBILITY RULES OF THE NEBRASKA SCHOOL ACTIVITIES ASSOCIATION. A SUMMARY OF THE MAJOR RULES IS GIVEN BELOW. CONTACT THE PRINCIPAL OR ACTIVITIES DIRECTOR FOR AN EXPLANATION OF THE COMPLETE RULE.

- 2.2.1 Student must be a bona fide student of their member school and have not graduated from any high school.
- 2.2.2 After a student's initial enrollment in grade nine, he/she shall be ineligible after eight semesters of school membership beginning with his/her enrollment in grade nine.
- 2.3 Student is ineligible if nineteen years of age before August 1 of current school year—age 21 for non-contact Unified Sports athletes. (Student in grades 7 or 8 may participate on a high school team if he/she was 15 years of age prior to August 1 of current school year.)
- 2.4.1 Student must be enrolled in some high school on or before the eleventh school day of the current semester.
- 2.5.1 Student must be continually enrolled in at least twenty credit hours per semester and regular in attendance, in accordance with the school's attendance policy at the school he/she wishes to represent in interscholastic competition.
- 2.5.2 Student must have been enrolled and received twenty hours of credit in school the immediate preceding semester.
- 2.6.2.1 **Guardianship does not fulfill the definition of a legal parent.** If a guardian has been appointed for a student, the student is eligible in the school district where his/her legal parent(s) have their domicile. Individual situations involving guardianship may be submitted to the Executive Director for review and a ruling.
- 2.6.3 A student entering grade nine for the first time after being promoted from grade eight of a two-year junior high, or a three-year middle school, or entering a high school for the first time after being promoted to grade ten from a three-year junior high school is eligible. After a student makes an initial choice of high schools, any subsequent transfer, unless there has been a change of domicile by his/her parents, shall render the student ineligible for ninety school days. (See May 1 Transfer List bylaw below.)
If a student has participated on a high school team at any level as a seventh, eighth, or ninth grade student, he/she has established his/her eligibility at the high school where he/she participated. If the student elects to attend another high school upon entering ninth or tenth grade, he/she shall be ineligible for ninety school days.
Student eligibility related to domicile can be attained in the following manners:
- 2.6.9.1 If the change in domicile by the parents occurs during a school year, the student may remain at the school he/she is attending and be eligible until the end of the school year or transfer to a high school located in the school district where the parents established their domicile and be eligible.
- 2.6.9.2 If the domicile is changed during the summer months and the student is in grade twelve and the student has attended the high school for two or more years, the student may remain at the high school he/she has been attending and retain eligibility.
- 2.6.9.3 If a student elects to remain at the high school where he/she initially enrolled after being promoted from grade eight of a middle or junior high school, or grade nine of a junior high school, he/she is eligible at that school, or is eligible at a high school located within the school district in which the parents established their domicile.
- 2.6.10 If the legal parents of a student change their domicile from one school district that has a high school to another school district that has a high school, the student shall be eligible immediately in the school district where the parents established their domicile.
- 2.7.7 Nebraska transfer students whose name appears on the NSAA transfer list prior to May 1 shall be eligible immediately in the fall at the transfer high school. Those students whose name does NOT appear on the NSAA transfer list prior to May 1 shall be ineligible for ninety school days, with such transfers being subject to hardship waiver guidelines.
- 2.7.8 Nebraska transfer students must have signed and delivered all forms necessary to make such transfer to the school in which he/she intends to enroll for the 2021-2022 school year prior to May 1, 2021; for the student to be eligible. The school to which the transfer is being made must have notified the NSAA office via an NSAA online transfer form, no later than May 1, 2021. The student would become ineligible for ninety school days the next fall if the student were to change his/her mind and decide not to transfer. If such student were to transfer to the new school, but later decides to return to his/her former district before 90 school days have elapsed, such student will be ineligible in the former district for the remainder of the 90 school days, with the ineligibility period commencing at the start of the fall semester. Those students, who did not have their enrollment forms signed, delivered and accepted prior to May 1, 2021, shall be ineligible for ninety school days, with such transfers being subject to hardship waiver guidelines.
- 2.7.9 Transfer to Home School District. Any student entering high school for the first time after promotion from grade eight who did not initially enroll in the high school located in the school district where the student's parents have their domicile, or a student who transfers back to a high school located in the school district where his/her legal parent(s) have established their domicile shall be ineligible for ninety school days.
- 3.5 / 3.1 Once the season of a sport begins, a student shall participate in practices and compete only in athletic contests/meets in that sport that are scheduled by his/her school. Any other competition will render the student ineligible for a portion of, or all of, the season in that sport. The season of a sport begins with the first date of practice as permitted by NSAA rules.
- 3.5.1 During the season of a particular sport, athletes participating in that sport for a high school may attend, but may not physically take part, either as an individual or as a member of a team, in the sport activity in which instruction is being offered in the clinic, camp or school.
*(Refer to 3.5.1.1 for exception in Swimming & Diving.)
- 3.6 A student shall not participate on an all-star team while a high school undergraduate.
- 3.7 A student must maintain his/her amateur status.

NEBRASKA SCHOOL ACTIVITIES ASSOCIATION

COMPLIANCE WITH THE RULES WILL PREVENT YOUR TEAM, SCHOOL OR COMMUNITY FROM BEING PENALIZED

STUDENT ELIGIBILITY CONTINUED

DATE _____ SCHOOL _____

NAME OF STUDENT _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

This application to compete in interscholastic athletics for the above-named high school is entirely voluntary on my part and is made with the understanding that I have read the NSAA eligibility rules and regulations and I am not in violation of such rules.

SIGNATURE OF STUDENT _____

I AM THE STUDENT'S (PARENT) (GUARDIAN)

SIGNATURE OF PARENT OR GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____

MEDICAL INSURANCE DECLARATION

Gibbon Public Schools does NOT provide any type of health or accident insurance for injuries incurred by your child while at school or participating in school activities away from the school site.

Gibbon Public Schools encourages all families to have accident coverage for their children prior to participating in any sports or activities.

CHOOSE AN OPTION:

- I. My son/daughter _____ (student full name) is covered by:

_____ Family insurance

Insurance Company Name _____

Agent and Phone Number _____

Policy Number _____

- II. My son/daughter _____ (student full name)

_____ Will not be covered by medical insurance. We understand that Gibbon Public Schools accepts no responsibility for any medical expenses incurred as a result of injuries sustained while at school or participating in activities away from school.

Parent/Guardian Signature _____

DATE _____

Gibbon Public Schools

Parent Consent for Medical Treatment

To Parent(s) or Guardian(s):

The purpose of this form is to allow medical personnel to care for your child in the event that there is an emergency and the school or its designee is unable to contact you for your consent to medical treatment.

Please complete all sections of this form. Gibbon High School recommends using dates that will include any practices prior to the start of school and state championships following the last day of school. This will help reduce the possibility that your child might not receive the medical attention they need. Please check with the high school office for the specific dates to use on this form.

This form must be notarized IN PERSON. The school will provide a notary on the date that Athletic Pre-Registration is held. If you are unable to attend Athletic Pre-Registration, you must arrange to have this form notarized. Forms left in the office without notarization will be returned to the parent. This may prevent your child from participating in practice or games. Thank you for your cooperation.

I, _____,
(Parent/Guardian's full name) (Relationship)

of _____,
(Student's Name) (Age) (Social Security Number)

residing at _____
(Complete Home Address, City, State, Zip Code)

hereby authorize in advance any emergency medical treatment required by the student listed above while he/she is absent from home between the dates

_____ to _____
(Beginning Date) (Ending Date)

(Parent/Guardian Signature)

(Contact Phone Number)

(Alternate Phone Number)

.....

Subscribed in my presence and sworn to before me this day of....., 20.....

Notary Public

**A completarse para
estudiantes participando en
cualquier actividad NSAA.**

**Formulario de Consentimiento de Padres
y Estudiantes**



Año Escolar: 20__ - 20__

Escuela Afiliada: _____

Nombre de Estudiante: _____

Fecha de Nacimiento: _____

El infrascrito (s) es el Estudiante y padre (s), guardián (es), o persona (s) a cargo de el Estudiante previamente nombrado y se referirá a ellos colectivamente como "Padre".

Por la presente, El Padre y Estudiante:

(1) Entienden y acuerdan que su participación en las actividades patrocinadas NSAA es voluntaria por parte del Estudiante y es un privilegio;

(2) Entienden y acuerdan que (a) por medio de este Formulario de Consentimiento, la NSAA ha proporcionado al Padre y Estudiante la información acerca de los peligros potenciales asociados con su participación atlética; (b) la participación en cualquier actividad atlética puede resultar en heridas de cualquier tipo; (c) la gravedad de dicha herida puede ir desde cortes menores, moretones, torceduras, y desgarras musculares hasta heridas más serias a los huesos, articulaciones, ligamentos, tendones, o músculos del cuerpo, hasta heridas catastróficas a la cabeza, cuello y columna vertebral, y en ocasiones extrañas, heridas tan graves que pueden resultar en la total discapacidad, parálisis y muerte; e (d) **la gravedad de una enfermedad, incluidas las enfermedades contagiosas como el virus COVID 19, y las infecciones bacterianas pueden ser tan graves que pueden provocar discapacidad y muerte;** e) incluso con el mejor entrenador y la mejor guía, el uso del mejor equipo protector y el seguimiento estricto de las reglas, el lastimarse sigue siendo una posibilidad;

(3) Dan su consentimiento y acuerdan que la participación del Estudiante en actividades NSAA se encuentra sujeta a todas las leyes y regulaciones NSAA para su participación en las actividades patrocinadas NSAA, y las regulaciones y reglamento de la Escuela Afiliada NSAA por la que el Estudiante está participando; así mismo,

(4) Dan su consentimiento y acuerdan (a) la divulgación por parte de la Escuela Afiliada en la que el Estudiante se encuentra inscrito en NSAA y divulgación posterior por NSAA, de la información referente al Estudiante, incluyendo el nombre, dirección, teléfono, dirección de correo electrónico, fotografía, lugar y fecha de nacimiento, campos de estudio, fechas de asistencia, calificaciones escolares, estatus de ingreso (ej., tiempo completo o medio tiempo) participación en actividades y deportes reconocidas oficialmente, peso y altura como miembro de un equipo atlético, grado de estudios, honores y reconocimientos recibidos, estadísticas en cuestión de su desempeño, registros o documentación en relación a su elegibilidad para las actividades patrocinadas NSAA; y (b) que el Estudiante sea fotografiado, grabado en video, grabado en audio, o grabado por cualquier otro medio mientras esté participando en actividades y concursos NSAA, consentimiento para renunciar a cualquier derecho de privacidad respecto de la exposición de dichas grabaciones, y renunciar a cualquier reclamo de derechos de cualquier tipo sobre dichas fotografías o grabaciones o a la exposición, venta o difusión de dichas fotografías o grabaciones.

(5) Dan su consentimiento y acuerdan autorizar al personal profesional de heridas del deporte para que evalúen y traten cualquier herida o enfermedad que ocurra durante la participación del estudiante en actividades NSAA. Esto incluye todos los cuidados razonables y necesarios, preventivos, tratamiento y rehabilitación de estas heridas. Esto también incluirá transporte del estudiante a la instalación médica correspondiente, si fuera necesario. Dicho personal profesional de heridas del deporte es totalmente independiente y no son empleados de NSAA.

(6) Reconocen que los Padres se encuentran obligados a pagar el cuidado médico profesional y/o servicios relacionados; la NSAA no será responsable del pago de dichos servicios. Damos nuestro permiso para que todos o cualquier proveedor de servicios de salud del Estudiante y la NSAA y sus empleados, equipo, agentes y consultores compartan y platicuen todos los registros e información acerca del estudiante, incluyendo información médica y registros confidenciales. Entendemos que esta cesión ha sido solicitada y puede ser utilizada con el propósito de determinar la elegibilidad correspondiente a las actividades de participación, aptitud física, heridas, estado de heridas, o emergencia.

Reconozco que he leído los párrafos (1) a (6) de arriba, entiendo y estoy de acuerdo a los términos aquí incluidos, incluyendo a la advertencia de riesgo potencial de heridas inherentes al participar en actividades atléticas.

Nombre del Estudiante [Imprimir Nombre] _____

Firma del Estudiante _____

Fecha _____

(Soy)(Somos) El [elija la opción correcta] (Padre) (Guardián) del Estudiante. (Yo)(Nosotros) reconozco que (Yo)(Nosotros) he leído los párrafos del (1) al (6) de arriba, entiendo y accedo a los términos aquí incluidos, incluyendo las advertencias de el riesgo potencial a heridas inherentes en su participación en actividades atléticas. Habiendo leído la advertencia en el párrafo (2) y entendiendo el riesgo de heridas potenciales a mi Estudiante, (Yo)(Nosotros) por el presente acto doy (mi) (nuestro) permiso para que [ingrese el nombre del estudiante] practique y compita por parte de la escuela nombrada arriba en actividades aprobadas por la NSAA, **a excepción de aquellos marcados aquí abajo:**

Béisbol	Bolos	Golf	Tenis	Producción de Juego	Básquetbol	Natación
Corredor	Futbol	Orador	Campo Traviesa	Futbol Soccer	Volibol	Música
Bolos	Softbol	Luchas	Debate	Periodismo	Pista y Campo	

Padre [Imprimir Nombre] _____

Firma del Padre _____

Fecha _____