

**To be completed for
students participating in
all NSAA activities.**



NEBRASKA SCHOOL ACTIVITIES ASSOCIATION (NSAA)
Student and Parent Consent Form

School Year: 20____-20____ Member School: _____
Name of Student: _____
Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) 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; and, (d) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (3) 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; and,
- (4) Consent and agree to (a) the disclosure by the Member 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 listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of 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; and, (b) 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.

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

DATED this ____ day of _____, _____.

Name of Student [Print Name]

Student Signature

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for _____ [insert student name] to practice and compete for the above named high school in activities approved by the NSAA, **except those crossed out below:**

Baseball	Golf	Tennis	Play Production	Basketball	Swimming/Diving
Track	Football	Speech	Cross County	Soccer	Volleyball
Music	Football	Softball	Wrestling	Debate	Journalism

DATED this ____ day of _____, _____.

Parent [Print Name]

Parent Signature

EMERGENCY INFORMATION

In case of emergency, the parent/guardian can be reached at the following telephone number:

Home: _____ Work: (Father) _____ Cell _____
(Mother) _____ Cell _____

Other relative or friend, name and phone # _____

Student's Medical Provider _____ Phone _____

If during an away activity, emergency services involving medical action and treatment are indicated and the parent / guardian cannot be reached, the parent / guardian hereby consents to the rendering of such emergency medical services for the above named student by the medical provider on duty at the nearest hospital.

Parent / Guardian signature _____ Date _____

I, the parent / guardian of _____ hereby request the release of this physical form to SCNUD #5.

Signature _____ Date _____

INSURANCE INFORMATION

Your student must be covered by health insurance before he/she will be allowed to participate in sports.

Circle one of the following:

Yes A. We have health insurance at home. Company _____
Policy # _____

Yes B. We will purchase the necessary insurance provided by the school to cover our student athlete. (Needs to be purchased the first day of practice.)

Yes C. We do not wish to purchase insurance, but realize we must contact the Superintendent if we do not wish to purchase insurance.

ELIGIBILITY INFORMATION

In order to represent SCNUD #5 in interscholastic athletic competition, a student must abide by the eligibility rules of SCNUD #5 and the Nebraska School Activities Association (NSAA). If you have any questions concerning SCNUD #5 eligibility policy for the student athlete or those rules set by the NSAA please do not hesitate to contact the school's administration or athletic director at 726-2151.

SCNUSD #5 Physical Evaluation for school year 200__ - 200__

Sac Score _____

Name _____ Date of birth _____ Age _____ Gr. _____

DPT, DT, DTaP _____ MMR _____

Hepatitis B _____ Polio _____

Varicella _____ had chicken pox disease in _____ (year), Menactra _____, Gardasil _____, Other _____

Allergies (Med. Or Food): _____

Current medications/Diagnosis: _____

Asthma _____ yes _____ no; Current Asthma treatment (please attach asthma action plan) _____

Height _____ In. Weight _____ Lbs. % Body fat (optional) _____ Estimated desirable Wt. _____ Lbs.

Pulse _____ BP _____ / _____ / _____

Vision: Far: R 20/ _____ L 20/ _____ Near: R 20/ _____ L 20/ _____ Glasses or contacts worn for exam: Y N Pupils: Equal _____ Unequal _____
Has glasses or contacts but not worn: Yes / No

	Normal / Abnormal Findings		Normal / Abnormal Findings
MEDICAL		MUSCULOSKELETAL	
Appearance	_____	Neck	_____
Eyes/ears/nose/throat	_____	Back (scoliosis)	_____
Hearing	L) _____ /15 R) _____ /15	Shoulder/arm	_____
Lymph nodes	_____	Elbow/forearm	_____
Heart	_____	Wrist/hand/fingers	_____
Murmurs	_____	Hip/thigh	_____
Pulses	_____	Knee	_____
Lungs	_____	Leg/ankle	_____
Abdomen	_____	Foot/toes	_____
Skin	_____	Lab.	_____
Genitourinary	_____	Other:	_____

Recommendations: _____

Cleared without restriction

Not cleared for All activities Certain activities: _____

Reason: _____

Signature of Examiner _____ MD or PA or APRN Date: _____

Name of Examiner (Printed or Typed): _____

Address and phone: _____