

Emergency Release Form

Group: _____

Print Form

School Year: 2010-11

Dear Parents:

Please complete the information requested on this page as it will be used for the purpose of assisting School District #145 in providing emergency care for your child should such care be necessary and you, the legal parent or guardian, are not present or cannot be reached immediately.

Students Name: _____ Age: _____ Grade: _____

Parent's/Legal Guardian Name: _____

Home Phone #: _____ Work Phone #: _____ Pager #: _____ Cellular #: _____

Parent's/Legal Guardian Name: _____

Home Phone#: _____ Work Phone # _____ Pager # _____ Cellular #: _____

Emergency Contact if parents cannot be reached:

Name: _____ Home Phone #: _____

Work Phone #: _____ Pager#: _____ Cellular #: _____

Name: _____ Home Phone #: _____

Work Phone #: _____ Pager #: _____ Cellular #: _____

If my child should be injured or become ill at school or any school event and requires emergency medical attention and I am not present or cannot be immediately reached, School District #145 may contact my child's physician. If the physician specified by parent/guardian cannot be reached or if the parent/guardian has not specified a physician, School District #145 may contact another physician and/or nearest hospital. I understand that the school will make every attempt to contact us in the event of such an accident or illness.

Any student with a chronic or life threatening health concern will be on a list that will include specific information about your student. This information is available to teachers, staff, sponsors and coaches to assist them in case of an emergency.

Date of last Tetanus shot: _____

Allergies: _____

Known health problems: _____

Daily medications: _____

Dentist Name: _____ Last Visit: _____ Phone #: _____

Doctors Name: _____ Last Visit: _____ Phone #: _____

Hospital Preference: _____ Phone #: _____

Insurance Company: _____ Phone #: _____

Parent Signature

Date

PLEASE COMPLETE AND SIGN ALL SHADED AREAS

SCHOOL DISTRICT#145 ACTIVITIES GUIDELINES COMPLIANCE FORM

We have received and reviewed the Activities Guidelines for Waverly High School--District 145. We understand that these guidelines refer to non-academic activities that include athletics, clubs, and other student organizations or groups, which meet outside the regular classroom setting.

We also understand the consequences if the guidelines are violated. We will do our part to follow the Activities Guidelines of School District #145.

STUDENT (Print)

STUDENT (Signature)

DATE

GRADE

PARENT/GUARDIAN

Since School District#145 **does not** provide insurance, which covers your child for injury during his/her participation in activities and athletics; it is therefore the responsibility of the parent/guardian to provide this coverage.

My child has sufficient insurance coverage for injury while participating in athletics and activities at School District#145.

Yes

No

PLEASE SIGN AND COMPLETE ALL SHADED AREAS

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

School Year: 2010-2011 Member School: Waverly High 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 my student to practice and compete for the above named high school in activities approved by the NSAA as listed below:

<input type="checkbox"/> Baseball	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Play Production
<input type="checkbox"/> Basketball	<input type="checkbox"/> Track	<input type="checkbox"/> Speech	<input type="checkbox"/> Music
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Soccer	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Journalism
<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Wrestling	

DATED this _____ day of _____, _____.

Parent/Guardian Signature

PLEASE SIGN AND COMPLETE ALL SHADED AREAS