Burwell Jr Sr High School
Activity Guideline Receipt

Parent/Guardian & Student review of the Athletic Handbook

In accordance with Nebraska State Law, Section 79-4,176 para (3) which states in part: "Rules and Standards which form the basis for discipline shall be distributed to students and parents at the beginning of each school year or at the time of enrollment…". Parents or Guardians and students are requested to sign and return the receipt form below.

Check One Box

☐ This is to verify that we, Parent/Guardian & Student, received and read the Burwell Jr. Sr. High School Athletic Handbook via hard copy which includes rules and policies of Burwell Jr. Sr. High School.

☐ This is to verify that we, Parent/Guardian & Student, received and read the Burwell Jr. Sr. High School Athletic Handbook via electronic format from the Burwell Public Schools' website at www.burwellpublicschools.org and did not take a hard copy of the Student Handbook.

_____ _____ _____

Parent/Guardian Signature Student Signature Date

I hereby give my permission for _____ to practice and compete for Burwell Jr Sr High School in activities approved by the Nebraska School Activities Association except those crossed out below.

BASKETBALL	TRACK	PLAY PRODUCTION	MUSIC
VOLLEYBALL	SPEECH	FOOTBALL	WRESTLING
CROSS COUNTRY	GOLF		

WARNING

The purpose of this **WARNING** is to bring to your attention the existence of potential dangers associated with athletic participation. Participation in any athletic activity may involve injury of some type. 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. On rare occasions, injuries can be so sever as to result in total disability, paralysis or death. Even with the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility.

I/We understand that the schools DOES NOT carry any athletic insurance. I/We either have necessary insurance coverage of our own or through the school plan and I/We personally assume all such potential expenses.

_____

Parent/Guardian

_____

Student

_____

Date

This form must be completed and turned into the school office before the student may participate in activities.

To be completed for students participating in any NSAA activities.

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 **or illness** 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; **(d) the severity of an illness, including contagious diseases such as the COVID 19 virus, and bacterial infections may be so severe as to result in disability and death;** and, (e) 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 recorded, 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.

(5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.

(6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

Name of Student [Print Name]	Student Signature	Date

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (6) 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 (2) 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	Basketball	Bowling	Cross Country	Debate	Football	Golf	Journalism
Music	Play Production	Soccer	Softball	Speech	Swim/Dive	Tennis	Track & Field
Unified Bowling	Unified Track & Field	Volleyball	Wrestling				

Parent(s)/Guardian Printed Name(s)*	Parent/Guardian Signature	Date of Signature

***Both Mother and Father must sign, unless parents are divorced, the custodial parent must sign, or if the student is not living with parents, the student's legal guardian.**

Revised June 2020

Extracurricular Substance Abuse Policy
Signature Page

The signatures below simply verify that the student and parent have received a copy of the Extracurricular Substance Abuse Policy and will become familiar with the policy.

_____ _____

Student's Signature Date

_____ _____

Parent's Signature Date

INSURANCE PROTECTION

Every Burwell Jr. Sr. High School student in grades 7-12 who participates with or participates in any athletic programs MUST HAVE MEDICAL INSURANCE COVERAGE that does cover the particular sport or activity participated in. While the school does provide an opportunity to purchase athletic insurance it no longer pays for this insurance.

Please check the appropriate blank:

_____ We will purchase the athletic insurance through the school (Student Assurance Services)

_____ We already have insurance which covers our son/daughter in athletics and choose not to purchase the insurance provided by the school.

_____ We already have Nebraska's Children's Health insurance Program (CHIP) coverage which covers our son/daughter in athletics and choose not to purchase the insurance provided by the school.

_____ _____

(Date) (Parent/Guardian Signature)