

**DE SOTO AREA SCHOOL DISTRICT
EXTRA-CURRICULAR REGISTRATION, PERMISSION, WAIVER, AND CODE AGREEMENT FORM**

Student Name _____ Grade _____ School Year _____ - _____

To minimize the process of requesting signatures on the different forms required for your son/daughter named above to participate in various school activities and programs, the Activities Department has developed this form to help simplify the process. Please complete all sections on the front and back of this form. This form will need to be completed prior to your son/daughter participating in any extra-curricular activity, practice, or contest sponsored by the De Soto Area School District.

Extra-curricular Code of Conduct

I have received a copy of, read, and understand the De Soto Area School District Extra-curricular Code of Conduct. I agree to abide by the code of conduct as a De Soto Area School District Extra-curricular Participant. I also understand that the extra-curricular code of conduct is in effect twelve months a year.

Student Signature _____
Date _____

Parent Signature _____
Date _____

Once this is signed, it will stay on file in the Activities Office, and it will stay in effect until the student graduates or until the extra-curricular code is amended, at which time a new agreement must be signed.

Media Release Form

I give permission for my son/daughter named above to be interviewed, mentioned, photographed, videotaped and quoted by the news media and employees of the De Soto Area School District before, during and after participation in an extra-curricular activity sponsored by the De Soto Area School District.

Parent Signature _____
Date _____

Parent Athletic Participation Consent

Parental or guardian consent must be granted annually for student-athlete participation. As parent or guardian, with your signature, you do hereby consent to allow the student-athlete named below to engage in interscholastic athletics sponsored by the De Soto Area School District during the present school year. Furthermore, permission is granted this athlete to accompany teams, as a member, on out-of-town trips. It is understood that this child will also be expected to firmly adhere to all established school and athletic policies while associated with their selected program.

Student's name _____

Parent Signature _____
Date _____

Warning of Inherent Risk in Sports Participation

I understand that there are inherent risks in sports participation and I am willing to accept the consequences of having my child participate in sports.

Parent Signature _____
Date _____

Insurance Information

I, the parent or legal guardian of _____, have insurance with _____

Policy number _____

This accident insurance is sufficient and allows me to take full financial responsibility for any and all injuries sustained by my child while participating in the athletic programs under the direction of the De Soto Area School District.

I realize that the physical exam cards and other necessary forms must be filed with the Activities Office prior to my child's participating in athletic practices.

Parent Signature _____
Date _____

Medical Treatment Consent

The parent or guardian of a De Soto Area School District athlete recognizes that as a result of athletic participation, medical treatment on an emergency basis may be necessary. The athlete's parent further recognizes that school personnel may be unable to contact them for their consent for emergency medical care. The De Soto Area School District does hereby secure parental/guardian consent in advance to such emergency care, including hospital care, as may be deemed necessary under those circumstances.

Parent Signature _____
Date _____

MORE SIGNATURES NEEDED ON THE BACK OF THIS FORM

STATEMENT OF RISKS: DE SOTO SCHOOLS

Any sport, which may result in great exertion or contact with fixed or moving surfaces will contain inherent risks of serious bodily harm, which cannot be eliminated. The possibility of injuries from these dangers must be accepted by the player and the player's family.

The possibility of injury can be reduced, but not eliminated, by knowing and using proper techniques and fundamentals, maintaining good physical conditioning, being alert at all times and attending all training and practice sessions.

As a condition of permission to participate, player assures he/she will use proper techniques and fundamentals, maintain good physical conditioning, stay alert at all times, attend all training and practice sessions, follow instructions, obey the rules of the game, and get regular medical evaluation. No student will be allowed to participate in practices or games until this form is signed and dated by both the student and parent/guardian.

ACKNOWLEDGEMENT OF WARNING BY STUDENT

I, _____, hereby acknowledge that I understand the above "STATEMENT OF RISKS". If I want more information, I will personally contact the coach. I realize that by participating in the sport(s) during the current school year, I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in temporary or permanent, partial, or complete impairment in the use of my limbs, brain damage, paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in the listed sport(s) and should I choose to participate in the listed sport(s), I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the listed sport(s).

Signature of Student

Date

ACKNOWLEDGEMENT OF WARNING BY PARENTS

We/I the parent(s) of _____ do hereby acknowledge that we/I understand the above "STATEMENT OF RISKS". If we/I want more information, we/I will personally contact the coach. We/I realize that our/my child named above may suffer serious injury, including but not limited to, sprains, fractures, brain damage, paralysis or even death by participating in the listed sport(s) and should we/I choose to allow our/my child to participate in the sport(s) during the current school year. Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury which may result to our/my child, named above, we/I give our/my consent to his/her participating in the below sport(s).

Parent/Guardian Signature(s)

Date

INTENDED ATHLETIC PARTICIPATION

Name: _____

Year in School: (circle) FR SO JR SR

Intended Athletic Participation: Circle all that apply

- | | | | |
|--------|---|-----------------|------------------|
| Fall | - | Football | Volleyball |
| | | Cheerleading | |
| Winter | - | Boys Basketball | Girls Basketball |
| | | Cheerleading | Wrestling |
| Spring | - | Baseball | Softball |
| | | | Track |

This signed document will remain on file in the Activities Office, and will remain in effect until the end of the school year or until the extra-curricular code is amended, at which time a new agreement must be signed.

FOR OFFICE USE ONLY

PHYSICAL DATE _____

ALTERNATE YEAR CARD _____