

# NSAA/KEARNEY PUBLIC SCHOOLS PARENTAL CONSENT FORM

Date: \_\_\_\_\_ School: Kearney High School

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby give my permission for the above named students to practice and compete for Kearney Public Schools in activities approved by Nebraska School Activities Association.

The Parent and Student hereby:

1. Understand and agree that participation in NSAA and Kearney Public School 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 and KPS has provided notification 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 with the best coaching, use of the best equipment, and strict observance of rules, injuries are still a possibility.
3. Consent and agree to participation of the Student in NSAA and KPS activities subject to all NSAA by-laws and rules interpretations for participation in those activities, and the activities rules of the NSAA member school for which the Student is participating.
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.
5. Consent and agree to abide by the KPS guidelines, policies, and Code of Conduct set forth in the extra-curricular handbook. This handbook is available on the Kearney High website at [www.kearneycats.com](http://www.kearneycats.com) and is located under the KHS Athletics/Activities tab on the left hand menu. Your signature below acknowledges that you have read and understand the contents of the Extra-Curricular handbook and will follow all rules and procedures contained in this handbook. A hard copy is available upon request.
6. The Kearney Public Schools does not provide insurance for the expenses involved in the treatment of football/athletic/activity injuries. However, insurance is made available to you as a service of the school to help defray expenses should an injury occur. All students who participate in extracurricular activities should be covered by insurance.

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

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**EMERGENCY INFORMATION & CONSENT**

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Parents'/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency contact (if parent/guardian is unreachable):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone \_\_\_\_\_

Family Health/Dental Accident Insurance (As printed on card)

Carrier: \_\_\_\_\_ Policy/ID#: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Subscriber's DOB: \_\_\_\_\_ Group #: \_\_\_\_\_

**Health History:**

Allergies/Inhalers/Other Special Needs: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Health Problems or concerns: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I/We hereby grant consent to any and all health care providers designated by Kearney Public Schools to provide my child any necessary medical care as a result of any injury/illness.

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date