

**NEBRASKA SCHOOL ACTIVITIES ASSOCIATION (NSAA)
STUDENT AND PARENT CONSENT FORM
Wisner-Pilger High School 2014-2015**

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 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, degree, 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 begin 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 school in activities approved by the NSAA, **except those crossed out below**:

Basketball	Golf	Softball	Volleyball
Cross Country	Music	Speech	Wrestling
Football	Play Production	Track	

DATED this _____ day of _____, _____.

Parent [Print Name]

Parent Signature

**PARENT/GUARDIAN SIGNATURE PAGE FOR WARNING MEETING ON STUDENT
HANDBOOK, CONCUSSIONS**

NAME OF PARENT/GUARDIAN _____

NAME OF ATHLETE (S) _____

MEETING DATE _____, _____

SIGNATURE OF PARENT/GUARDIAN INDICATING ATTENDANCE

PLEASE TURN THIS INTO THE ATHLETIC DIRECTOR AFTER THE MEETING.

VIEWING DATE (IF NOT AT MEETING) _____, _____

SIGNATURE OF PARENT/GUARDIAN INDICATING VIEWING OF VIDEO/PRESENTATION ON WEBSITE

PLEASE HAVE YOUR CHILD RETURN THIS VIDEO TO THEIR RESPECTIVE COACH IF USED.

THANKS FOR YOUR TIME IN THIS IMPORTANT MATTER.

CHUCK ROSS ATHLETIC DIRECTOR