

**DESHLER PUBLIC SCHOOL
STUDENTS and PARENTS/GUARDIANS:**

Student will not be permitted to practice until this form is completed and returned.
Return to the School Office

**Keep this form on
file in the school office.**

Student Name _____ **Grade in School** _____

Father's Name _____ **Mother's Name** _____
First Last First Last

Father's Legal Residence _____ **Mother's Legal Residence** _____
City State City State

EXCHANGE OF INFORMATION BETWEEN SCHOOL AND LAW ENFORCEMENT OFFICIALS

I consent to and authorize the free and complete exchange of information between officials representing Deshler Public Schools and those representing the Thayer County Sheriff's Department and Thayer County Attorney's office, specifically authorizing the release of any information concerning criminal investigation or other matters involving the above named student, including any such information which may be deemed to be confidential.

PARENT'S OR GUARDIAN'S PERMISSION

I hereby give my consent for the above named student (1) to represent his/her school in athletic activities, except those crossed out on the form by the examining physician provided that such athletic activities are approved by the State Association; (2) to accompany any school team of which he/she is a member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or such travel.

INSURANCE:

All students participating in school athletics shall purchase health and accident insurance or show evidence of adequate existing family health and accident insurance. Board Policy 353C.2a

LOCKER LOCK:

All Locker Room Lockers must be kept locked. A School Lock is to be used on all lockers. Personal Locks are not permitted. Lock is to be checked out at the office. If lock is NOT returned or is NOT returned in working condition, I will be charged \$.50.

Parents/Guardian

I have read the Athletic Guidelines, including the Nebraska School Activities Association Eligibility Rules and the Deshler Public School Eligibility Rules, and understand them fully. I agree that my son/daughter will abide by them while he/she is out for athletics and that the school and its coaches will follow these guidelines.

I further understand that should there ever be a time whereby either my son/daughter or the school is not in accordance with these guidelines, I may request a conference within three calendar days of such time with school personnel (activities director and/or coaches) to discuss the matter further.

Student/Athlete

I have read the Athletic Guidelines, including the Nebraska School Activities Association Eligibility Rules and the Deshler Public School Eligibility Rules, and understand them fully. I agree that I will abide by them while out for athletics and that the school and its coaches will follow these guidelines. I further understand that should there ever be a time whereby I or the school am not in accordance with these guidelines, I may request a conference within three calendar days of such time with school personnel (activities director or coaches) to discuss the matter further.

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 severe 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.

Signature of Parent/Guardian

Date

Student Signature

Date