

# 2020-21 ADAMS CENTRAL JR.-SR. HIGH SCHOOL ACTIVITIES PARTICIPATION Consent Form

NAME OF STUDENT \_\_\_\_\_

This application to compete in interscholastic athletics or any other extra/co-curricular activities for the above named high school is entirely voluntary on my part and is made with the understanding that I have read the eligibility rules and regulations of the state association, and I am not in violation of such rules.

<https://nsaa-static.s3.amazonaws.com/textfile/about/eligposter.pdf>

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

Date: \_\_\_\_\_

We, the parent(s) or guardian(s), of the above student, understand that the school carries no insurance of any kind to cover medical expenses incurred while participating in activities, and we will assume all such expenses ourselves personally. We also understand that the potential for injury does exist through participation in athletics.

*(Note: Examine your insurance policies carefully to ensure athletic participation is covered.)*

Signature of Parent (or Guardian) : \_\_\_\_\_

Date: \_\_\_\_\_

## RELEASE APPROVAL FOR ACADEMIC INFORMATION

From time to time, the Adams Central Jr.-Sr. High School Athletic Department is asked for academic information pertaining to some of our student-athletes. Typically, the information requested concerns grade point averages, class rank, and any academic awards/recognition received by the individual. Most often, the information is used by newspapers and other publications for the purpose of recognizing athletic and academic excellence (i.e. academic all-conference and all-state teams, etc. ) If you approve of the releasing of academic information for reasons listed above please sign below.

Signature of Parent (or Guardian): \_\_\_\_\_

## CONCUSSION TRAINING

Parents at AC are required to complete concussion training **once** while student participates in 7-12 athletics:

<https://www.cdc.gov/headsup/youthsports/training/index.html>

Turn completed certificate into the office. If your student suffers a concussion during the school year, a licensed physician and parent must complete a clearance form before they are allowed to play.

**I will/have** (circle one) complete(d) concussion training. (Please attach if applicable)

Signature of Parent (or Guardian): \_\_\_\_\_