

**WAVERLY ACTIVITIES GUIDELINES
COMPLIANCE FORM**

We have received and reviewed the Activities Guidelines for Waverly High School -- District 145. We understand that these guidelines refer to non-academic activities that include athletics, clubs, and other student organizations or groups, which meet outside the regular classroom setting.

We also understand the consequences if the guidelines are violated. We will do our part to follow the Activities Guidelines of Waverly High School.

<i>STUDENT (Printed)</i>

<i>STUDENT (Signature)</i>

<i>DATE</i>

<i>GRADE</i>

<i>PARENT/GUARDIAN</i>

Since Waverly High School **does not** provide insurance, which covers your child for injury during his/her participation in activities and athletics; it is therefore the responsibility of the parent/guardian to provide this coverage.

- Yes My child has sufficient insurance coverage for injury while participating in athletics and activities at Waverly High School.

- No

**NEBRASKA SCHOOL ACTIVITIES ASSOCIATION (“NSAA”)
Student and Parent Consent Form**

School Year: 2007-2008 Member School: Waverly High School

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 of 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, 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.

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 my student to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:

Baseball	Golf	Tennis	Play Production
Basketball	Swimming	Track	Speech
Cross Country	Soccer	Volleyball	Music
Football	Softball	Wrestling	Debate
Journalism			

DATED this ____ day of _____, ____.

Parent/Guardian Signature

Parent/Guardian Signature

Emergency Release Form

Group: _____

School Year: 2007-2008

Dear Parents:

The information requested on this sheet is for the purpose of assisting School District 145 in providing emergency care for your child should such care become necessary and you, the legal parent or guardian, are not present or cannot be reached immediately.

Student's Name: _____ **Age:** _____ **Grade:** _____

Parent's/Legal Guardian's Names:

Name: _____ **Home Phone:** _____

Work Phone #: _____ **Pager #:** _____ **Cellular #:** _____

Name: _____ **Home Phone:** _____

Work Phone #: _____ **Pager #:** _____ **Cellular #:** _____

Emergency contact if parents cannot be reached:

Name: _____ **Home Phone:** _____

Work Phone #: _____ **Pager #:** _____ **Cellular #:** _____

Name: _____ **Home Phone:** _____

Work Phone #: _____ **Pager #:** _____ **Cellular #:** _____

If my child should be injured or become ill at school or any school event and require emergency medical attention and I am not present or cannot be immediately reached, School District 145 may contact my child's physician. If the physician specified by parent/guardian cannot be reached or if the parent/guardian has not specified a physician, School District 145 may contact another physician and /or nearest hospital. I understand that the school will make every attempt to contact us in the event of such an accident or illness.

Any student with a chronic or life threatening health concern must be on a list, which all teachers, staff, and coaches possess. This list should include specific information about your student to assist teachers, staff, sponsors, and coaches in case of an emergency.

Date of last Tetanus shot: _____

Allergies: _____

Known health problems: _____

Daily medications _____

Doctors Name: _____ **Phone Number:** _____

Hospital Preference: _____ **Phone Number:** _____

Insurance Company: _____ **Phone Number:** _____

Parent Signature _____

Date _____

School & Sports Qualifying Screening Evaluation

Student Name _____
 Address: _____
 City/Zip: _____ Telephone: _____
 Date of Birth: _____ Age: _____ Male ___ Female ___
 Grade: _____ School: **Waverly High School Dist 145**

Clinic: _____
 Address: _____
 Phone: _____

PLEASE COMPLETE PRIOR TO EXAMINATION

***Must be answered for participation in athletics**

HISTORY YES NO

- *1. Have you ever fainted? YES NO
 Have you ever fainted during exercise? YES NO
 Have you had chest pain during exercise? YES NO
- *2. Has anyone in your family died suddenly? YES NO
 Before age 35? _____ Before age 50 _____
 Cause _____
- *3. Have you ever had a concussion, loss of consciousness, been knocked out or had a head injury? YES NO
 If yes, how many times? _____
- *4. Have you ever had heat stroke or heat exhaustion? YES NO
- *5. Do you wheeze or cough during or after exercise? YES NO
 Do you have any history of asthma? YES NO
- *6. Do you have any allergies? (medications, bee sting, pollens, etc.) _____ YES NO
- *7. Any injuries since last exam? YES NO
 If yes, list injuries: _____
- *8. Do you take any medication? (include vitamins and nonprescription drugs) _____ YES NO
- *9. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? YES NO
- 10. Have you ever been hospitalized? YES NO
 Have you ever had surgery? YES NO
 If yes, explain _____
- 11. If female, when was your first menstrual period? _____
 When was your most recent menstrual period? _____
- 12. In the last year, what was your:
 Lowest weight _____ Your highest weight _____
 What do you think is your ideal weight? _____
- 13. Immunizations: Last tetanus _____
 Measles, Mumps, German Measles (MMR) (1) _____ (2) _____
 Hepatitis B (1) _____ (2) _____ (3) _____
- *14. **Circle** any of the following you have had:
 Abnormal bleeding/bruising Anemia
 Broken bones/stress fracture Diabetes
 Dislocation (shoulder, etc.) Hearing Impairment
 Heart murmur/palpitations Hepatitis/jaundice
 High blood pressure Loss of eye sight
 Rheumatic fever Scoliosis (curvature of spine)
 Seizures Sickle-cell disease
 Single organs (kidney, eye, etc.) Undescended testicle
 Other _____
 I have had none of the above problems.
- 15. Do you use seat belts on a regular basis? YES NO
- 16. Do you use tobacco or alcohol? YES NO
- 17. Are there any concerns you would like to discuss? YES NO
 (Nutrition, weight training, tobacco, pregnancy, birth control, AIDS, alcohol, steroids, other)

***Must be answered for participation in athletics.**

Additional Comments: _____

EXAMINATION

*Ht _____ Wt _____ BP _____/_____/_____ Pulse _____

Vision R _____ L _____

Hearing

kHz	0.25	0.5	1	3	4	5	6	8
R								
L								

***MEDICAL EXAM**

(cross out if omitted)	Normal	Abnormal	Comments
HEENT			
Eyes	_____	_____	_____
Ears	_____	_____	_____
Nose	_____	_____	_____
Throat	_____	_____	_____
Dental	_____	_____	_____
Thyroid	_____	_____	_____
Nodes	_____	_____	_____
Lungs	_____	_____	_____
Heart/Murmurs	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia(males)	_____	_____	_____
Hernia	_____	_____	_____
Skin	_____	_____	_____
Neck	_____	_____	_____
Upper Extremities	_____	_____	_____
Back/Spine	_____	_____	_____
Lower Extremities	_____	_____	_____
Neuro.	_____	_____	_____

Labs (If required)

UA dip: Ap _____ col _____ sp gr _____ pH _____ Pr _____ sug _____ Ket _____
 Bld _____ Bil _____ Uro _____ leuk _____ nitr _____
 Hgb: _____

Certification for Participation in Physical Education/Athletic Activities

I herewith certify that the student named above has been evaluated as indicated by the above record to be physically fit to participate in physical education activities and/or interscholastic athletics, except as noted below. Any exceptions or required modifications should be re-evaluated annually or as specified.

Modifications or exceptions: _____

- Deferred pending further evaluation for _____
- A copy of this form should go with this individual to all sporting activities.

Required medication/s: _____

Physician Signature _____	Date _____
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I do not know of any existing physical condition or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate. I approve participation in athletic activities.

I hereby authorize release to the school nurse of the information contained in this document. Upon written request, I may receive a copy of this document for my personal health care provider.

Parent/Guardian Signature _____	Date _____
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Student's Signature _____	Date _____
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