

PARENT PERMISSION (Authorization for Treatment, Release of Medical Information, and Insurance Information)

Informed Consent: By its nature, participation in interscholastic athletics includes risk of serious bodily injury and transmission of infectious disease such as HIV, Hepatitis B, severe acute respiratory syndrome (COVID-19) and/or any mutation or variation thereof. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN MSHSAA- SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN/S SIGNATURE.**

I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident, injury or illness whether it be en route to or from another school or during practice or an interscholastic contest; and we hereby agree to hold the school district of which this school is a part and the MSHSAA, their employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

In the event of an emergency or when the Parent(s) or Guardian is unable to directly supervise health care services needed by the student for injuries or illnesses sustained at any athletic practice, conditioning exercise or contest, I also give my consent to the rendering of necessary health care services for the student by a qualified provider (QP) covering the athletic practice, conditioning exercise or contest, including an athletic trainer, physician, physician assistant, nurse practitioner or other medically-trained professional licensed by the State of Missouri (or the state in which the student injury or illness occurs) and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by state law. In emergency situations, the QP may also be a certified paramedic or emergency medical technician for the purpose of providing emergency health care and transport. Health care services are defined as services including, but not limited to, evaluation, diagnosis, first aid, emergency care, stabilization, treatment and referral. I further authorize the QP who provides such health care services to disclose such information about the student's injury or illness, diagnosis, care and treatment in the professional judgment of the QP to the student's athletic director, coaches, school nurse and any classroom teacher required to provide academic accommodation to assure the student's recovery and safe return to activity. If the Parent(s) or Guardian believes that the student is in need of further evaluation, treatment, rehabilitation or health care services for the injury or illness, the student may be treated by the physician or provider of his or her choice.

To enable the MSHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in the MSHSAA member school, I consent to the release of any and all portions of school record files to MSHSAA, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received, and attendance data.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I consent to the MSHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete.

The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year as indicated below:

Name of Insurance Company:		Policy Number:	
Signature of Parent(s) or Guardian:		Date:	

EMERGENCY INFORMATION

STUDENT NAME:

LAST FIRST

PARENT'S NAME: _____

HOME PHONE: _____

WORK NO. MOTHER: _____ WORK NO. FATHER _____

CONTACT IF PARENT CANNOT BE REACHED:

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____

DOCTOR'S NAME: _____ PHONE: _____

HOSPITAL PREFERENCE: _____ PHONE: _____

If any non-life threatening emergency occurs while your child is participating or practicing in an event conducted within the Consolidated School District No. 2 school district, your child will be taken to Research Hospital unless you designated a hospital preference above. If the emergency occurs outside of Consolidated School District No. 2 your child will be taken to a nearby medical facility and you will be contacted as soon as possible.

Please sign and return to your coach

STUDENTS AND PARENTS NEED TO SIGN BEFORE PARTICIPATION IN ANY ACTIVITY

Student: _____ Parent: _____

Date: _____ Date: _____

RAYTOWN SCHOOL DISTRICT 7-12 ACTIVITIES PARTICIPATION AGREEMENT
Eligibility Policies/Standards – Code of Ethics – Student/Parent Consent

SPORTSMANSHIP EXPECTATIONS: Sportsmanship involves fair play, courtesy, and respect for both the activity and opponents. The values of activities should last a lifetime. We are asking for your support to promote sportsmanship by emphasizing what is expected as competitors or spectators at any activity/contest/event. Such events are an extension of the school day and we expect the same type of respectful behavior exhibited in the activities/contest/events as we do in a regular classroom. We ask students, spectators, and parents to support sportsmanship, ethics, and integrity at all times.

ACADEMIC STANDARDS: In accordance with MSHSAA By-Law 2.3 Academic Requirements, students earning a failing grade in two or more courses (must pass 6 of 7 classes) will be ineligible to participate in activities during the following semester (Grades: 9-12) / grading period (Grades: 6-8).

CITIZENSHIP STANDARDS: In accordance with MSHSAA By-Law 2.2 Citizenship Requirements, "Students who represent a school in interscholastic activities must be creditable citizens and judged so by the proper authority. Those students whose character or conduct is such as to reflect discredit upon themselves or their schools are not considered 'creditable citizens.' Conduct shall be satisfactory in accord with the standards of good discipline."

Participation in student activities is a privilege and not a right; therefore, the Raytown School District requires students to adhere to standards of behavior which will bring credit to students, the particular activity, the school, and the community. Students who represent the Raytown School District must demonstrate good citizenship and conduct at all times. The Raytown School District requires student behavior be in compliance with school board policy, with the school's Student Handbook Regulations, and public laws. Behavior not in compliance with these policies may result in student's suspension from all extra-curricular activities.

- You must be a creditable citizen. Creditable citizens are those students whose conduct – both in school and out of school – will not reflect discredit upon themselves or their school.
- NOTE: Conduct by the student involving law enforcement should be reported to your principal immediately as your conduct may affect eligibility or contest outcomes. (MSHSAA By-Law 2.2.1)

SUSPENSIONS

ISS - In School Suspension/OSS – Out of School Suspension

Students are not allowed to participate in activities if they have ISS or OSS the day of a contest. ISS students may practice, but OSS students cannot practice.

ATTENDANCE STANDARDS: In accordance with MSHSAA By-Law 2.2 Citizenship Requirements, students are expected to be in attendance at school the entire day he/she participates in an athletic/activity contest. Students not in attendance will be ineligible to participate in the contest unless approved by the building principal or athletic director.

As a representative of the Raytown School District and its activities program, I will sincerely endeavor to contribute my best to the success of that program. I have read the activities handbook and understand the expectations of sportsmanship, citizenship, and academic responsibility. I agree to abide by the provisions outlined in the District Activities Handbook. I am also aware that if I do not live up to this agreement, I must accept the consequences, which might include suspension from the team on which I am participating. Students are expected to be good school and community citizens as well as create, promote, and maintain elements of good sportsmanship. We expect our athletes to set a good example for the rest of the student body and represent their schools in the highest manner at all events. Students must provide their own transportation home at the appropriate dismissal time.

I have read the policies, understand them, and will abide by them.

STUDENT PARTICIPANT'S PRINTED SIGNATURE

DATE

NOTE: As a parent or guardian I am giving permission for my son/daughter to participate in organized high school activities, even though I am aware of the potential for injury which is inherent in all sports. Even with the best of coaching, the use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in disability, paralysis, or even death. We commit as a family, that we have read the activities handbook and understand the expectations of sportsmanship, citizenship, and academic responsibility and agree to abide by the provisions outlined in the District Activities Handbook.

I have read the policies, understand them, and will abide by them.

PARENT'S OR GUARDIAN'S SIGNATURE

DATE

STUDENTS AND PARENTS NEED TO SIGN BEFORE PARTICIPATION IN ANY ACTIVITY. *Please sign and return to your coach.*