

To be completed for students participating in any NSAA activities.

2025-2026 BOONE CENTRAL SCHOOLS

STUDENT AND PARENT CONSENT FORM

Name _____ Age _____ Date of Birth _____ Grade _____

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 and understand and agree that (a) by this Consent Form the NSAA has provided notice of the existence of potential dangers associated with athletic and activity participation; (b) participation in any activity may involve injury or illness of some type, including exposure to communicable diseases, and even catastrophic injury, paralyzation, and death; and (c) even the best supervision, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (2) Consent and agree to participation of the Student in NSAA activities subject to (a) all NSAA Bylaws and rules interpretations, including limitations on transfers and limitations on the use of the Student's name, image, and likeness when wearing school uniforms or engaging in commercial activity tied to the Student's participation in NSAA activities; and (b) the athletic and activities rules of the Member School;
- (3) Consent and agree to the disclosure by the Member School to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student contained in the Member School's directory information or other similar policies, and any other records or documentation needed to determine the Student's eligibility and compliance necessary to participate in NSAA activities;
- (4) Understand that (a) prior to athletic participation, a pre-participation release form signed by a health care professional must be signed and submitted to the Member School; and (b) for purposes of determining fitness to participate, injury, injury status, or emergency response, Parents may be asked to consent to the disclosure of confidential medical records or information. Records and information shared for this purpose will not be redisclosed to any entities outside of the health care provider(s), Member School, or NSAA;
- (5) Consent and agree (a) to authorize licensed or trained individuals, including certified sports injury personnel, to evaluate and treat any injury or illness that occurs during the Student's participation in NSAA activities. This includes all reasonable and necessary care, treatment, and rehabilitation for these injuries that is made available by the Member school and/or the NSAA, including transportation of the Student to a medical facility if necessary; and (b) that Parents are obligated to pay for professional medical and/or related services; the NSAA and the Member School shall not be liable for payment of such services even if made available by the Member School or NSAA.
- (6) Understand that the Student or Student's likeness being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests and that any such recording may be used for broadcast, sale, or display.

We, Parent(s) and Student, acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic and activities, and agree that Student may participate in NSAA activities.

*Adequate health and accident insurance is required before your son/daughter can participate in athletics. Opportunity to purchase a special limited coverage school-time Insurance policy is available at the start of the school year.

Rev. 10/22

Our son/daughter is covered by _____ Insurance Company Policy # _____

Name of Student [Print Name]

Student Signature

Date

Father/Guardian Signature *

Date

Mother/Guardian Signature *

Date

**Both Mother and Father must sign, unless parents are divorced, the custodial parent must sign, or if the Student is not living with parents, the Student's legal guardian.*

*Note: Both sides of this form are to be filled out completely and filed in the office of the school before the student is allowed to practice and/or compete.

SEE OTHER SIDE

2025-2026

BOONE CENTRAL SCHOOLS

CLEARANCE FORM

Name _____ Sex _____ M _____ F Grade _____

Allergies/Chronic Illnesses _____ Date of Birth _____

Medications: _____ Examined for Scoliosis _____ Yes _____ No

B/P _____ Pulse _____ Ht. _____ in. Wt. _____ lbs. Vision: R 20/ _____ L 20/ _____ Corrected: _____ Yes _____ No

IMMUNIZATION RECORD REVIEWED _____ YES _____ NO RECORD ATTACHED _____ YES _____ NO

IMMUNIZATION RECEIVED TODAY _____ *Must be up to date on immunization to participate.*

_____ Medically eligible for all sports without restriction

_____ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

_____ Not medically eligible

_____ Pending further evaluation

_____ For any sport

_____ For certain sports

Reason _____

Recommendations _____

Other information _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of health care provider (print/type) _____ Date _____

Address of health care provider _____ Phone _____

Signature of health care provider _____ MD, DO, NP, or PA

SEE OTHER SIDE