

**GCSD #1 STUDENT ACTIVITIES PARTICIPATION LETTER OF ACCEPTANCE,
DRUG TESTING GENERAL AUTHORIZATION, CONCUSSION TESTING, AND INSURANCE WAIVER FORM**

Participation Acceptance

The rules, regulations and standards set forth in this Activity Handbook are designed to give each activity participant a sense of responsibility and pride through membership in GCSD#1's extra-curricular Activities Program whether he/she is on the fields of play, in the classroom, in our community, or while visiting another.

Therefore, your signature/initial commits you to abide by all rules and regulations set forth in the GCSD#1 Activity Handbook. In addition to the specific regulations set forth as follows in this letter. Failure to do so may result in suspension from the team or activity program.

<u>Rules and Regulations</u>	Parent Initial	Student Initial
I will strive for excellence in all my activities at all times while I am a member of the GCSD#1 Activities Program.		
I will faithfully abide by the training rules as set forth in the Activity Handbook. I realize that failure to do so may result in probation or suspension (from one week to the entire season), depending upon the coach's/sponsor's and administration's recommendation.		
I will abide by the practice schedules and complete my workout each day.		
I will personally notify my coach/sponsor when I cannot attend after-school practice, and I will miss practice only under extreme circumstances.		
I will be responsible for the proper care and cleaning of my practice and game uniforms/clothing.		
I will pay for any clothing/equipment I am personally responsible for losing, damaging, and/or destroying.		
I have read the Activity Handbook in its entirety and fully understand my obligations, responsibilities and duties to myself, my parents, my coaches/sponsors, my school, and my community.		
<u>Drug Testing Authorization</u>	Parent Initial	Student Initial
I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the policies, standards, rules and regulations set forth by the GCSD#1.		
I also authorize the GCSD#1 drug program administrator, or their designee, to conduct a breath, saliva, or urinalysis to test for drugs and/or alcohol use. I also authorize the GCSD#1 drug program administrator, or their designee, to conduct random tests during the current school year.		
I also authorize the release of information concerning the results of such a test to the GCSD#1, the contracted testing/consulting service, and to the parents or guardians of the student.		
This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties names above.		
<u>Concussion Testing</u>	Parent Initial	Student Initial
I have read and understand the concussion protocols used by the District and will follow the guidelines set forth by those protocols.		
<u>Insurance Waiver</u>	Parent Initial	Student Initial
I understand that insurance is not the school's obligation. Furthermore, I understand that I have the option to insure my son/daughter with my own insurance carrier and/or with the District's insurance carrier (Forms are available in the athletic office at the high school).		
Please choose one coverage: I CHOOSE TO USE MY OWN INSURANCE <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> Company Name _____ Policy # _____ I CHOOSE TO USE THE SCHOOLS' INSURANCE <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>		

This is to certify that as a student/athlete and as a parent/guardian, that I/we have read this manual and am aware of all rules, requirements and operational procedures concerning the GCSD#1 Activities Department. I understand and will abide by the Goshen County School District No. 1 District Policy 5131.22 (Student Conduct – Concise Rules)

Student Name (Printed)	Date	Student Signature	Date
Parent/Guardian Signature	Date	Grade	Sports/Activities (list all)