WASHOE COUNTY SCHOOL DISTRICT

ATHLETIC EMERGENCY INFORMATION FORM

LAST NAME FIRST NAME Date of Birth Grade Level

Parent/Guardian's Name

Address

Home Phone	Cellular Phone number(s)
Mother's Business Phone	Father's Business Phone

Two persons you recommend we call in the event you cannot be reached:

1. Phone:

2. Phone:

Preference of physicians: (Please include name, telephone number and address.)

1. Name Phone Address

2. Name Phone Address

Preference of Hospital:

Medical history and physical limitations or problems that should be known by the coach:

HEALTH/ACCIDENT INSURANCE: I understand my child/ward must be covered by health/accident insurance to participate in this athletic activity and it is solely my responsibility to ensure my child/ward is covered by health/accident insurance. By signing this form, I attest that my child/ward is covered by health/accident insurance.

As parent/legal guardian, I authorize and direct WCSD to obtain medical care for my child/ward in the event such care is necessary. I understand that, if possible, I will be contacted in the event my child/ward requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any necessary medical and/or surgical procedures that are essential for the treatment of my child/ward and agree to be responsible for payment for such care. I release WCSD, its Board of Trustees, employees, volunteers and agents from any costs, damages, liability or loss resulting from the exercise of discretion in securing medical care for my child/ward.

Student Signature Parent Signature

Date Date

WASHOE COUNTY SCHOOL DISTRICT
MIDDLE SCHOOL REGULAR SEASON AND OFF-SEASON
SPORT/CONDITIONING PARTICIPATION PERMIT

AGREEMENT TO OBEY INSTRUCITONS, RELEASE, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS IN ATHLETICS

Instructions to Student and Parent/Guardian:

Please read both the STUDENT and PARENT/GUARDIAN provisions of this form. Sign, date and return this form.

STUDENT

I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in an off-season sport/conditioning program include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in a sporting activity, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc., and agree to obey such instruction.

In consideration of the Washoe County School District permitting me to participate in a regular season or off-season sport/conditioning program and to engage in all activities related to said program, I hereby assume all risk associated with participation and agree to indemnify, defend, and hold the Washoe County School District, its Trustees, employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in a regular season or off-season sport/conditioning program.

I fully understand that participation in an off-season program does not guarantee me a position on a team and/or a place in the starting line-up. I have not been pressured by a coach to participate nor have I been informed that this off-season program is a requirement in order to be a member of said team.

The terms hereof shall serve as a release and assumption of risk for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

_____ _____

Signature of Student Date

PARENT/LEGAL GUARDIAN

I affirm that I am the lawful parent/legal guardian of the previously mentioned student, _____. I have read the student warning and release and understand its terms. I understand that all sports can involve **RISK OF INJURY,** those risks outlined in the **Student** section above. I also certify that my child/ward has no ailment or organic defect that would make participation in a sporting activity dangerous to his/her health.

In consideration of the Washoe County School District permitting my child/ward to participate in a regular season or off-season sport/conditioning program and to engage in all activities related to said program, I hereby expressly relieve, indemnify, save, and hold harmless the Washoe County School District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage suffered or incurred by said child/ward as a result of the acts, omissions, or conduct of any person other than the negligence of the Washoe County School District while said child/ward is participating in this activity.

I further agree to assume the responsibility of seeing that my child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward.

I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

I fully understand that participation in an off-season does not guarantee my child/ward a position on a team and/or a place in the starting line-up.

The terms hereof shall serve as a release for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

_____ _____

Signature of Parent/Guardian Date

STUDENT TRAVEL (FIELD & ACTIVITY TRIP) PERMISSION &

WAIVER OF LIABILITY AND ASSUMPTION OF RISK

I hereby acknowledge that I am the lawful parent or legal guardian of (student name) _____. On (date)_____, (school/dept/class) _____will be participating in an _____field/activity trip to_____. Transportation to the field/activity trip will be provided by (school bus/charter bus/approved driver in private vehicle/foot, etc.) _____.

I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend the Washoe County School District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage, including property loss or damage, suffered or incurred by my child/ward as a result of the acts, omissions, or conduct of any person, including an employee, trustee, volunteer and/or agent of the Washoe County School District and assume all risk associated with participating in this activity.

I understand that this activity can involve risk of injury including but not limited to neck and spinal injuries, and injury to bones, joints, ligaments, muscles, and tendons. I also certify that my child/ward has no ailment or organic defect that would make participation in this activity dangerous to his/her health.

I further agree to assume the responsibility of seeing that my child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward.

I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. If the injury or illness is life threatening or my student is in need of emergency treatment, I authorize the District or any of its employees, agents, representatives, instructors, coaches, or volunteers to summon any and all professional emergency personnel to attend, transport, and treat the student. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

Student Full Legal Name: _____

Nick Name: _____

Date of Birth: _____ Gender: ___ Female ___ Male

Medical Treatment Information for Medical Treatment

Allergies to Medications:	
Allergies (Other):	
Conditions for which the child is currently receiving treatment:	
Other significant medical information:	

I acknowledge that I have reviewed and understand all of the above, and I hereby consent and give permission for my child/ward to participate in this activity.

□ I hereby **consent** to allow my child/ward (name), _____, to participate in this field/activity trip and I acknowledge that I have reviewed and understand the above.

OR

□ I hereby **decline** to allow my child/ward (name), _____, to participate in this field/activity trip.

_____ _____ Date

Parent/Guardian Name (Please Print)

_____

Parent/Guardian Signature

WASHOE COUNTY SCHOOL DISTRICT OFFICE OF ACTIVITIES AND ATHLETICS
MIDDLE SCHOOL PARENT/GUARDIAN SPORTSMANSHIP EXPECTATIONS:

Instructions to the Student and Parent/Guardian:
Parent/Guardian please read expectations and provisions of this form. Sign, date and return form.
Parents/Legal Guardian:
Parents/Legal guardians and family members of student-athletics participating in sports at the middle school level are representatives of the school while watching their student-athlete participate. These expectations listed below are for all games or events home and away. Following these expectations will make the viewing of this event and athletic participation a positive one.

- To provide positive support, care and encouragement to your child, and his/her team, coaches and school.
- To provide positive support and encouragement to the visiting team, their coaches, and school.
- Maintain positive behavior and attitude at all athletic contests.
- Respect the position and professionalism of the game officials.
- Refrain from using foul or unnecessary language during and/or after the athletic contest.
- Refrain from making derogatory remarks/comments towards players, coaches, other parents, school representatives, or officials.
- Refrain from yelling criticism at your child and his/her coach or team.
- As an involved parents/legal guardian make sure to attend all pre-season meeting to meet the coach and:
    - Review coaches expectations of his players
    - Review team rules and requirements with your son/daughter
    - Location of practice times and schedules
    - Game Schedule
    - Contact information
    - Cost and Fundraising Activities

_____	_____	_____
Signature of Parent/Guardian	Child's Name	Date:

Student Athlete Behavior Contract

Student Name (Print): _____

As a student athlete, you are expected to conduct yourself with integrity and exceed behavioral expectations. By signing this contract, you and your guardian agree to accept this responsibility and comply with the terms and consequences outlined below:

Disciplinary Actions:
In-school disciplinary issues such as detentions or suspensions may lead to removal from the athletic program. The following actions may also result in suspension or dismissal:

- Use of illegal drugs, alcohol, or tobacco at any time.
- Missing practice without a valid excuse from the coach.
- Repeated tardiness, skipping class, or truancy.
- Poor sportsmanship toward teammates, coaches, officials, or staff. Respect for all school personnel is mandatory.
- Harassment of any student or team member, including through social media.
- Any behavior deemed by coaches or school administration to negatively impact the reputation of the Swope Athletic Program.
- Negative electronic communication between teammates or coaching staff is prohibited.

Academic Expectations:
I commit to maintaining a minimum 2.0 GPA in both academics and citizenship and to having no failing ("F") grades in either area.

By signing below, I acknowledge that I have read, understand, and agree to the rules outlined in this contract. I understand that any violation may result in my dismissal from the program.

Student Signature: _____
Date: _____

Parent/Guardian Signature: _____
Date: _____

WASHOE COUNTY SCHOOL DISTRICT

HAZING POLICY and CONCUSSION

Student / Parent Agreement Concerning Hazing

The Washoe County School District supports only those athletic activities which are constructive, educational, inspirational, and that contribute to the personal development of student/athletes. The Washoe County School District unequivocally opposes any situation created intentionally to produce mental or physical discomfort, embarrassment or ridicule.

Definition Hazing is a broad term that encompasses any intentional action or activity which does not contribute to the positive development of a student/athlete; which inflicts or intends to cause physical or mental harm or anxieties; which may demean, degrade or disgrace any person regardless of location, intent or consent of participants; any action or situation which intentionally or unintentionally endangers a student for admission or affiliation with any athletic team or other school organization. Additionally, hazing can include any exaggerated or excessive teasing. Any requirements by a student which compels another student to participate in any hazing activity which is against this Washoe County School District policy or state/federal law will be defined as hazing. The fact that a hazing victim may seem willing or may even agree to participate in some form of personal embarrassment or physical/mental danger does not change or lighten the responsibility of the one who is doing the hazing. Any person who knowingly witnesses or fails to report knowledge of any incidents of hazing may be considered to be a participant in the hazing.

Actions and activities which are prohibited include, but are not limited to, the following:

- Any type of initiation or other activity where there is an expectation of individuals joining a particular team to participate in behavior designed to humiliate, degrade, or abuse the student/athlete regardless of the person's willingness to participate.
- Any requirement or pressure put on an individual to participate in any activity which is illegal, perverse, or publicly indecent, contrary to his/her genuine moral and/or beliefs, e.g. lewd conduct or public profanity.
- Any activity or action that creates a risk to the health, safety, or property of the Washoe County School District or any member of its surrounding community.
- Expecting or pressuring individuals to participate in an activity in which the full membership is not willing to participate in.
- Forcing, encouraging, or pressuring someone to wear in public apparel which is conspicuous and not in accordance with the WCSD dress code policy or what is not generally considered to be in good taste.
- Assigning or endorsing "pranks" such as stealing or the harassment of another organization.
- Degrading or humiliating games or activities that make the member the object of amusement, ridicule or intimidation.
- Subjecting a member to cruel and unusual psychological conditions.

I have been given an opportunity to read and understand this policy and understand the following:

I agree and promise not to participate in any activity deemed to be hazing. I have read the examples of hazing as described in the Washoe County School District Hazing Policy.

This policy/regulation shall be in effect from the time a student athlete first participates in a NIAA sanctioned sport and shall remain in effect until the student graduates from high school.

If, after an investigation by the school, it is determined that the student/athlete is in violation of this policy, the student/athlete will be referred to the W.C.S.D. Coordinator of Student Activities in the Student Activities Office. The student/athlete will be subject to disciplinary action/procedures of the W.C.S.D. which may include suspension from his/her activity or sport.

WCSD Concussion Management

Prevention and Treatment of Injuries to the Head

The intent of the Washoe County School District's Concussion Management Program is to reduce the risk of injury to a student due to a concussion. The program allows a provider of health care to determine when an athlete should continue athletic participation after suffering a concussion or head injury. This may reduce the likelihood of "Second Impact Syndrome", which can lead to serious or permanent head injury or death.

If a student suffers a concussion or head injury, the student must be immediately removed from the competitive sport; and may only return to the competitive sport if the parent or legal guardian of the student provides a signed statement of a provider of health care indicating that the student is medically cleared for participation in the competitive sport and the date on which the pupil may return to the competitive sport.

PLEASE KEEP THIS FOR YOUR RECORDS