

Bennington Public Schools
Student and Parent Consent Form

School Year: 20____ - 20____

Name of Student: _____

Date of Birth: _____

1st Emergency contact name: _____

Telephone Number: _____

2nd Emergency contact name: _____

Telephone Number: _____

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 BPS and NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that by this Consent Form (a) BPS 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 or illness 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; (d) the severity of an illness, including exposure to infectious diseases, including COVID-19 or other pandemics, epidemics, or communicable health conditions, can result in severe sickness, disability and even death; and, (e) even the best coaching, the use of the best protective equipment, the use of preventative precautions for communicable diseases, and strict observance of rules, injuries and illness are still a possibility;
- (3) Consent and agree to participation of the Student in BPS and NSAA activities subject to all BPS student-athlete rules and NSAA by-laws and rules interpretations for participation in NSAA-sponsored activities, and the activities rules of BPS for which the Student is participating;
- (4) Consent and agree to (a) the disclosure by BPS, 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 BPS and NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in BPS and 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.
- (5) Consent and agree to allow licensed sports injury personnel with Children's Hospital & Medical Center (CHMC), or medical providers under contract with BPS, to evaluate and treat any injury or illness that occurs during the student's participation in BPS and NSAA activities, including obtaining the Student's medical history, pre-participation physical evaluation and to provide on-site athletic training and sports medicine services in accordance with appropriate standards of professional care and practice. This includes all reasonable and necessary preventive care, evaluation, treatment, management and rehabilitation for these injuries by CHMC staff. This would also include transportation of the student to a medical facility if necessary. CHMC and any other licensed sports injury personnel are independent providers and are not employed by either BPS or the NSAA. Parents further understand that CHMC should be notified if the Student sustains an injury or becomes ill and that CHMC at its discretion will determine any return to athletic participation for the Student; provided that if another physician is involved, a signed written medical clearance must be provided prior to any activity. Parents also consent for CHMC staff to release medical information to coaches, school administrators, athletic personnel, school nurses, team physicians, and emergency medical responders for the purpose of communicating any activity restrictions or clearance to play. This authorization to release information shall remain effective for the entirety of the school year. Parents may revoke this authorization by giving BPS written notice, which shall become effective upon receipt.
- (6) Acknowledge that (a) Parents are obligated to pay for professional medical and/or related services; neither BPS nor the NSAA shall be liable for payment of such services, (b) Parents give permission to any and all of the Student's health care providers, BPS and the NSAA and the employees, staff, agents, and consultants of all to release and discuss all records and information about the Student including otherwise confidential medical information and records, and (c) Parents understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, illness, illness status, or emergency.

Having read the warning in paragraph (2) above and understanding the potential risk of injury and illness, we hereby give permission for Student to practice and compete for Bennington Public Schools in activities approved by the NSAA, except those crossed out below:

Band	Baseball	Basketball	Cheer	Color Guard	Cross Country	Dance	Football
Golf	Music	Play Production	Soccer	Softball	Speech	Tennis (Girls)	Track & Field
Unified Bowling	Volleyball	Wrestling					

We acknowledge that we have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk and injury or illness inherent in participation in athletic activities.

	Printed Name	Signature	Date
Student:	_____	_____	_____
Parent/Guardian:	_____	_____	_____