Bennington Public Schools

Student and Parent Consent Form – Athletics and Activities

|  |  |
| --- | --- |
| School Year: |  |
| Member High School: |  |
| Name of Student: |  |
| Date of Birth: |  | Place of Birth: |  |
| Name of Parent(s), Guardian(s), or Person(s) in Charge: |  |
| Relationship to Student: |  |
| Address(es) of Student and Parent(s)/Guardian(s)/or Person(s) in Charge\*\*: |  |

*\*\*Note: If Student and all Parents/Guardians do not live in the same household, please include all addresses and inform BPS as this may impact eligibility.\*\**

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 and understand and agree that (a) by this Consent Form, BPS and NSAA have 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 BPS and NSAA activities subject to (a) all BPS student-athlete rules and 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 BPS and NSAA activities; and (b) the athletic and activities rules of BPS for which the Student is participating;

(3) Consent and agree to the disclosure by BPS to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student contained in BPS’ 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 BPS and 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 BPS; 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), BPS, or NSAA;

(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 CMHC 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.

(7) 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 (7) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities, and agree that Student may participate in BPS and NSAA activities.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Printed Name |  | Signature |  | Date |
| Student: |  |  |  |  |  |
| Parent/Guardian: |  |  |  |  |  |
| Parent/Guardian: |  |  |  |  |  |