

CLINTON HIGH SCHOOL
817 8TH Avenue South
Clinton, Iowa 52732
Department of Activities and Athletics
Andy Eberhart, Activities Director

FOR THE PARENT OR GUARDIAN

A. Acknowledgement of Warning

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OR INJURIES. I understand that the dangers and risks of playing or practicing to play/participate in any sports include, but are not limited to, sprains, fractures, brain damage, paralysis or even death.

B. Permission to Obtain Medical Attention

I give my permission for the team physician or an authorized school official to obtain medical attention for my student in case of injury or illness and I am unavailable.

C. Activity Handbook Guidelines

I am aware that there is an activities handbook that contains certain regulations for academic eligibility, attendance in school, behavior both in and out of school, and health rules that forbid the use of alcohol, tobacco and drugs. I fully understand that my son/daughter may be suspended or dropped from an activity for failure to abide by these rules and regulations.

Please Note: The district does not carry medical insurance for students.

I HAVE READ AND UNDERSTAND THE ABOVE "ACKNOWLEDGEMENT OF WARNING, PERMISSION TO OBTAIN MEDICAL ATTENTION, ACTIVITY HANDBOOK GUIDELINES AND INSURANCE INFORMATION." IN CONSIDERATION OF CLINTON HIGH SCHOOL PERMITTING MY STUDENT/WARD TO TRY OUT FOR AND ENGAGE IN INTERSCHOLASTIC ACTIVITIES, I HEREBY AGREE TO HOLD THE CLINTON SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, COACHES AND VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, DEBTS, CLAIMS OR DEMANDS OF EVERY KIND AND NATURE WHATSOEVER WHICH MAY ARISE BY OR IN CONNECTION WITH PARTICIPATION OF MY STUDENT/WARD IN ANY/ALL ACTIVITIES.

SIGNATURE OF PARENT/GUARDIAN

DATE

FOR THE ATHLETE

A. Acknowledgement of Warning

I am aware that playing or practicing to play or practicing in athletics can be dangerous, involving MANY RISKS OR INJURIES, including but not limited to, sprains, fractures, brain damage, paralysis or even death. Because of such danger, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc. and to agree to obey such instructions.

B. Activity Handbook Guidelines

I am aware that there is an activities handbook that contains certain regulations for academic eligibility, attendance in school, behavior both in and out of school, and health rules that forbid the use of alcohol, tobacco and drugs. I fully understand that I may be suspended or dropped from an activity for failure to abide by these rules and regulations.

I HAVE READ AND UNDERSTAND THE ABOVE "ACKNOWLEDGEMENT OF WARNING AND ACTIVITY HANDBOOK GUIDELINES." IN CONSIDERATION OF CLINTON HIGH SCHOOL PERMITTING ME TO TRY OUT FOR AND ENGAGE IN INTERSCHOLASTIC ACTIVITIES, I HEREBY AGREE TO HOLD THE CLINTON SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, COACHES AND VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, CAUSES, OR ACTION, DEBTS, CLAIMS, OR DEMANDS OF EVERY KIND AND NATURE WHATSOEVER WHICH MAY ARISE BY OR IN CONNECTION WITH PARTICIPATION OF ME IN ANY/ALL ACTIVITIES. I ALSO HAVE READ THE GOOD CONDUCT CODE AND THE REQUIREMENTS FOR ACADEMIC ELIGIBILITY AND I AGREE TO ABIDE BY THE GOOD CONDUCT CODE AS A REQUIREMENT FOR MY PARTICIPATION IN CO-CURRICULAR ACTIVITIES AT THE CLINTON COMMUNITY SCHOOL DISTRICT.

SIGNATURE OF STUDENT

GRADE _____

DATE _____

SCHOOL LAST ATTENDED