

ATHLETIC PARTICIPATION CLEARANCE

I hereby give consent for my child, _____, to participate in any and all required activities pertaining to the school district's athletic program in all sports during the _____ school year.

Listed below are the sports in which he/she may participate.

1. _____ 2. _____ 3. _____ 4. _____

I am aware that the Yazoo County School District does provide accident insurance for students who participate in athletics. While this insurance will cover the majority of the medical costs related to an injury received while participating in athletics, it may not cover one hundred percent of related costs.

I do hereby hold harmless the school district and/or the Board of Education, their agents or assignees, of responsibility for any such injury or expenses and waive any and all claims that may arise against them. I realize that participation in organized athletics involves the potential for injury, which is inherent in all sports, sometimes severe enough to result in total disability, paralysis, or death.

I further understand that a licensed physician must medically screen each student who participates in the secondary athletic program. The school district will provide a medical screening; however, I understand that this screening is not a complete physical examination. The screening is general in nature and limited in its scope and does not indicate or assure me that my child is completely free from impairments, which may be affected by athletic participation.

STUDENT PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

If an athlete shows a lack of self-discipline, displays a poor attitude, or does not fulfill his/her commitments to the athletic program, he/she shall be suspended from athletic participation in that sport.

Parent or Guardian

Date