Nye County School District ATHLETIC REGISTRATION School year <u>2016-2017</u> Sport(s) participating in_ STUDENT/ LEGAL GUARDIAN INFORMATION Student's Name _ Grade_____ Date of Birth___ ____ Sex: Male Female _____ Mailing Address ____ Home Phone ____ Physical Address _____ City______ State_____ Zip_____ E-Mail address______ Student's Cell Phone_ Cell Phone Employer____ Phone____ Father/Legal Guardian's Name Mother/Legal Guardian's Name _____ Cell Phone _____Employer ____ Lives with: Biological parents_____ Father only ____ _____ Mother only _____ *Other *If a student does not live with a parent, the guardian must be court appointed pursuant to NRS 159.205 or 159.215. A certified copy of the court order is required for participation. (See Parent/Athlete Handbook page 5) INSURANCE INFORMATION EVERY STUDENT MUST BE COVERED BY HEALTH INSURANCE TO PARTICIPATE IN ATHLETICS. IF YOU DO NOT HAVE HEALTH INSURANCE COVERAGE, INFORMATION MAY BE OBTAINED AT THE SCHOOL REGARDING THE PURCHASE OF SUPPLEMENTAL HEALTH INSURANCE. PLEASE <u>DO NOT</u> WRITE "NONE" OR "CASH" BELOW. Phone____ _Policy # ___ Insurance Company _____State_____Zip _____ Address Policy holder_ _Relationship to student __ **EMERGENCY INFORMATION** In case of emergency, please contact: Father/Legal Guardian _ Work Home_ _____Work_____ Cell_____ Mother/Legal Guardian _____ Home___ _ Work_ Home Alternative person(s) Physician preference_ _Hospital preference _ PERMISSION TO TREAT/PARTICIPATE I agree to the participation of the above named student in the programs provided by this school. I consent to practice sessions and travel to and from the programs. I attest that to the best of my knowledge and ability I have conformed to all rules and regulations of the Nevada Interscholastic Activities Association, the Nye County School District and the high school of attendance. In the event that a student athlete is injured or becomes ill while away from school the coach/chaperone will immediately contact the parent/legal guardian. In the event the afore named student should need emergency medical treatment/attention while under the care of athletic school personnel, necessary treatment may be secured. The school shall not be held responsible for any debts incurred. Further, by signing below it hereby relieves, indemnifies, saves and holds harmless the Nye County School District, the Board of Trustees of the district, and all agents or employees thereof from and against any and all liability or claims arising from injury or damage to person or property or both caused by or resulting from said child's acts, omissions or conduct while participating in athletic programs. _day of _ Signed this Parent/Guardian signature PREVIOUS SCHOOL HISTORY Year entered 9th grade__ Expected Graduation Year ___ Total number of high school years completed? ___ Please print name of last school attended _ Address of last school if not NCSD* *Transfer students/parents must complete and submit NIAA Transfer Eligibility Form. Available in Office/Athletic Office or niaa.com GUIDELINES AND EXPECTATIONS OF PARENTS or LEGAL GUARDIANS AND ATHLETES Please INITIAL each item below indicating that you have read and understand the corresponding information in the Nye County School District Parent/Athlete Handbook: #1 INSURANCE REQUIREMENTS: Every student must be covered by health insurance to participate in athletics. If you do not have health insurance coverage, information may be obtained at the school regarding the purchase of supplemental health insurance. Please complete insurance information above. Do not write "none" or "cash". #2 FOOTBALL WARNING: Participation in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks, however, IT IS IMPOSSIBLE TO ELIMINATE SUCH RISKS FOR ATHLETICS. _ #3 NIAA RESIDENCY REQUIREMENTS (*High School Only*): To be eligible to participate in a NIAA sanctioned sport, a student must attend the school located in the attendance zone or boundary of the student's parent(s) or legal Parent Student _ guardian(s) physical residence. #4 OFF-SEASON SPORT CONDITIONING PERMIT: Be aware of the guidelines and risks associated with Student participation. #5 PARENT APPROVAL: Student rights and responsibilities, academic eligibility requirements, team participation, Student _ athlete and coaches responsibilities, transportation requirements and ten-day practice rule. #6 NCSD TRAINING RULES & MANDATORY PENALTIES: All student athletes will follow school rules and Student _ Parent policies as outlined in the Nye County School District Behavior Handbook as well as NIAA Drug & Alcohol Policy. #7 NIAA Concussion Prevention, Treatment and Management Policy / NCSD Policy and Reg # 7437: The parent Student or legal guardian and student-athlete must sign an acknowledgement indicating that they have reviewed and understand the information provided, and take a baseline test, before the student-athlete may participate in any sports activity.

 Parent/Guardian signature
 Date
 Student/Athlete signature
 Date

 SCHOOL USE ONLY:
 Eligibility
 Semester GPA
 Fees Paid
 Transfer Eligibility to NIAA

athletic website, school yearbook, school/district website, media, etc.).

I hereby state that, to the best of my knowledge, all above information is complete and correct.

Parent/Legal Guardian Consent Form _____

Parent

Concussion Acknowledgment _

#8 DIRECTORY INFORMATION/NAME AND PHOTO RELEASE: Directory information may be released by

____ Foreign Exchange App to NIAA _

Revised 3/2015

the district unless a student's parents/legal guardians request in writing that such information should not be released (NCSD Policy 7830). Permission is granted to release my child/ward's photo and/or name (to include team rosters,

PRE-PARTICIPATION HISTORY FORM EXPLAIN "YES" ANSWERS BELOW (To be completed by athlete and parent)

 Do you have a chronic medical condition (asthma, Have you ever been hospitalized overnight? Are you currently taking any prescription or non-prescription or no	rescription (over-the-	counter) medications of	r pills or using an i	nhaler?	YES NO))
5. a. Have you passed out or been dizzy during exerci b. Have you had chest pain (or pressure) with exerc c. Have you had excessive unexplained shortness o d. Is there a family history of premature death or m e. Is there any provided the present of the present of f. Has a physician dependent of the present of the pre	rise?f breath or fatigue wi orbidity from cardiov ic cardiomyopathy, d	th exercise?vascular disease in a re ilated cardiomyopathy	lative younger than long QT syndrome	age 50?or Marfan's syndrome?	YES NO YES NO YES NO YES NO)))
 f. Has a physician denied or restricted your particip 6. Do you have any current skin problems (for examp 7. a. Have you had a head injury or concussion? b. Have you been knocked out, become unconscio c. Have you had a seizure? d. Do you have frequent or severe headaches? e. Have you had numbness or tingling in your arm 	le, itching, rashes, acus, or lost your memos, hands, legs, or feet	ne, warts, fungus or bl	isters)?		YES NOYES NOYES NOYES NOYES NOYES NO	
 8. Have you become ill from exercising in the heat? 9. Do you cough, wheeze, or have trouble breathing of 10. 10. a. Do you use any special protective or corrective (for example, knee brace, special neck roll, for b. Are you missing an eye, kidney, testicle or over 11. 11. a. Have you had any problems with your eyes or b. Do you wear glasses, contacts, or protective examples a. Any problems with pain or swelling in muscle b. If yes, check appropriate item and explain below. 	uring or after activity equipment or device to orthotics, retainer of ary?	/?es that aren't usually us on your teeth, hearing a joints?	ed for your sport or	position	YES NOYES NOYES NOYES NOYES NOYES NO	
Head Elbow Hip Neck Forearm Thigh B 13. Are you actively trying to gain or lose weight? 14. Would you like to talk to someone about stress, at 15. Record the dates of your most recent immunization	nger, depression or ot	ther issues?			YES NO))
FEMALES ONLY 16. When was your first menstrual period? How much time do you usually have from the sta What was the longest time between periods in the EXPLAIN "YES" ANSWERS HERE:	e last year?				ı had in the la	ast year?
I hereby state that, to the best of my kno	wledge, my ansv	wers to the above	questions are	complete and correc	et.	
Parent/Guardian signature	Date		Student/Athlet	e signature]	Date
NIAA I DATE OF PHYSICAL EXAMINATION NAME_	PRE-PARTIC	M D - Health P CIPATION PH	YSICAL EV	ALUATION DATE OF BIRTH		
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License Number

Office Phone Number

Date

Signature of Health Practitioner