

# Nye County School District ATHLETIC REGISTRATION

School \_\_\_\_\_ School year \_\_\_\_\_ Sport(s) participating in \_\_\_\_\_

## STUDENT/ LEGAL GUARDIAN INFORMATION

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male Female  
Home Phone \_\_\_\_\_ Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_  
Student's Cell Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail address \_\_\_\_\_  
Father/Legal Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Mother/Legal Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_  
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 DO NOT WRITE "NONE" OR "CASH" BELOW.**

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_ Policy # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Policy holder \_\_\_\_\_ Relationship to student \_\_\_\_\_

## EMERGENCY INFORMATION In case of emergency, please contact:

Father/Legal Guardian \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Mother/Legal Guardian \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Alternative person(s) \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Physician preference \_\_\_\_\_ Phone \_\_\_\_\_ 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.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. \_\_\_\_\_  
Parent/Guardian signature

## PREVIOUS SCHOOL HISTORY

Year entered 9<sup>th</sup> 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:

- Parent \_\_\_\_\_ Student \_\_\_\_\_ **#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".
- Parent \_\_\_\_\_ Student \_\_\_\_\_ **#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.
- Parent \_\_\_\_\_ Student \_\_\_\_\_ **#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 guardian(s) physical residence.
- Parent \_\_\_\_\_ Student \_\_\_\_\_ **#4 OFF-SEASON SPORT CONDITIONING PERMIT:** Be aware of the guidelines and risks associated with participation.
- Parent \_\_\_\_\_ Student \_\_\_\_\_ **#5 PARENT APPROVAL:** Student rights and responsibilities, academic eligibility requirements, team participation, athlete and coaches responsibilities, transportation requirements and ten-day practice rule.
- Parent \_\_\_\_\_ Student \_\_\_\_\_ **#6 NCSD TRAINING RULES & MANDATORY PENALTIES:** All student athletes will follow school rules and policies as outlined in the Nye County School District Behavior Handbook as well as NIAA Drug & Alcohol Policy.
- Parent \_\_\_\_\_ Student \_\_\_\_\_ **#7 NIAA Concussion Prevention, Treatment and Management Policy / NCSD Policy and Reg # 7437:** The parent 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 \_\_\_\_\_ Student \_\_\_\_\_ **#8 DIRECTORY INFORMATION/NAME AND PHOTO RELEASE:** Directory information may be released by 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, 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/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_ Student/Athlete signature \_\_\_\_\_ Date \_\_\_\_\_

SCHOOL USE ONLY: Eligibility \_\_\_\_\_ Semester GPA \_\_\_\_\_ Fees Paid \_\_\_\_\_ Transfer Eligibility to NIAA \_\_\_\_\_  
Concussion Acknowledgment \_\_\_\_\_ Parent/Legal Guardian Consent Form \_\_\_\_\_ Foreign Exchange App to NIAA \_\_\_\_\_ Revised 3/2015

