2018-2019
Student Activity Participation/Release Forms

ALL FORMS ARE TO BE EXECUTED BY PARENT OR LEGAL GUARDIAN ONLY
**PLEASE ATTACH A COPY OF CURRENT INSURANCE CARD**

Please review the enclosed information. Complete, sign, and return the attached forms.
STUDENT INFORMATION SHEET

PLEASE WRITE LEGIBLY

Student Name: ______________________________________________________________

Age: ___________ Birthday: ___________________________ Grade: ______________

Email Address: __________________________________________________________________

Mailing Address: ____________________________________________________________________________________
Street ___________________________ City, MS

Mother’s Name: ______________________________________________________________

Email Address: __________________________________________________________________

Cell Number: (_____ ) _______ - ___________ Secondary Phone: (_____ ) _______ - ___________

Father’s Name: ______________________________________________________________

Email Address: __________________________________________________________________

Cell Number: (_____ ) _______ - ___________ Secondary Phone: (_____ ) _______ - ___________

Comments/Notes:
PERMISSION FOR ACTIVITY PARTICIPATION

Instructions: Please fill in the necessary information, initial the blank by each clause, and print and sign the agreement at the bottom of the page.

Parent/Guardian Permission:

______ I hereby give my permission for my student, ____________________________, to represent his or her school in interscholastic competition and for him or her to accompany the team on competition trips during the 2018-2019 school year. I understand that these trips are part of the educational program of the Madison County School District and that my child or ward may be accompanied and transported by a teacher or other official of the school district.

______ I understand that if these terms are not acceptable that I may personally transport and supervise my child or ward on any of the trips during the 2018-2019 school year.

______ I agree that no teacher, other school district official, or volunteer parent will be held responsible for any injuries or damages occurring on such trips. In the event a claim is made, I agree to limit such a claim to my child or ward’s ratable share of any insurance proceeds, if any, available on any policy held by the person against whom such a claim is made.

______ I understand that should the behavior or acts of my child/ward result in a liability to the school or damage to any property, that I will be held liable for any liability or damage incurred as a result of the actions of my child or ward.

______ In the event of an unforeseen illness or accident, I understand that my signature gives a teacher or other official of the school district permission to seek appropriate medical attention. If I cannot be reached, the aforementioned will determine what constitutes appropriate. In addition, I agree to cover all costs that may be incurred for any medical attention my child or ward receives while participating in this activity.

My signature attests that I have read, understand, and concur with the information on this form and that I am the parent or legal guardian of the above named student.

Parent/Guardian Name (Please Print) ____________________________________________

Signature of Parent/Guardian ______________________________________ Date: ____________

I have read and understand the information on this form and agree to the terms thereof.
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH GERMANTOWN SPEECH AND DEBATE, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: MADISON COUNTY SCHOOLS AND GERMANTOWN SPEECH AND DEBATE and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that GHS SPEECH AND DEBATE and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL. THIS WAIVER WILL APPLY TO THE ENTIRE YEAR.

__________________________  __________________________  ______
Participant’s Signature      Date                          Participant’s Name

(Please print legibly.)

__________________________  __________________________  ______
Parent/Guardian Signature   Date
(If under 18 years old, Parent or Guardian must also sign.)
<table>
<thead>
<tr>
<th><strong>Emergency Contact and Medical Information and Authorization for a Child</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child’s Name</strong></td>
</tr>
<tr>
<td><strong>Parent’s/Guardian’s Name</strong></td>
</tr>
<tr>
<td><strong>( )</strong></td>
</tr>
<tr>
<td><strong>Home Phone</strong></td>
</tr>
<tr>
<td><strong>Email Address</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
</tr>
<tr>
<td><strong>City, ST ZIP Code</strong></td>
</tr>
</tbody>
</table>

**Alternative Emergency Contacts**

<table>
<thead>
<tr>
<th><strong>Primary Emergency Contact</strong></th>
<th><strong>Secondary Emergency Contact</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>( )</strong></td>
<td><strong>( )</strong></td>
</tr>
<tr>
<td><strong>Home Phone</strong></td>
<td><strong>Work Phone</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td><strong>Address</strong></td>
</tr>
<tr>
<td><strong>City, ST ZIP Code</strong></td>
<td><strong>City, ST ZIP Code</strong></td>
</tr>
</tbody>
</table>

**Medical Information**

<table>
<thead>
<tr>
<th><strong>Hospital/Clinic Preference</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician’s Name</strong></td>
</tr>
<tr>
<td><strong>Insurance Company</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Allergies/Special Health Considerations</strong></th>
</tr>
</thead>
</table>

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

<table>
<thead>
<tr>
<th><strong>Parent’s/Guardian’s Signature</strong></th>
<th><strong>Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Witness Signature</strong></td>
<td><strong>Date</strong></td>
</tr>
</tbody>
</table>

**NOTE: A copy of a current Insurance Card is Required**
GERMANTOWN MEDIA RELEASE

I give permission to Madison County School District and Germantown High School to publish my student’s first and last name, age, competition statistics, and/or photograph on the school website, in GHS Speech and Debate publications, and in local newspapers. I agree to hold the school and school district harmless for publication of such information and photographs.

Student’s Name: ________________________________________________________________

Parent or Legal Guardian’s Signature: _____________________________________________

Date: _______________________________________________________________________

(Please complete this form and return it to the GHS Speech and Debate coach.)
MHSAA MEDIA PERMISSION AND RELEASE

I hereby grant to the MHSAA and school in which my student/child compete, and its affiliates and designees the irrevocable, perpetual, worldwide right and permission to record my student/child’s participation in any association events and activities in which he/she participates and to use any such video, audio, visual and/or audio recordings in which I am included as well as any materials I create, submit, or use in connections with or related to the Association or its events or activities or any portion of the recordings and materials, with or without alteration, alone or in conjunction with other images or elements of any type, in any manner, whether now known or later invented, and in any and all media, whether now known or later invented, without restriction.

I acknowledge that the Association has no financial commitment or obligation to me as a result of this Statement of Permission and release Agreement or the use of the rights granted in the Agreement.

I understand and agree that the Association and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in and to the Recordings.

I hereby release and hold harmless the Association and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney’s fees, which related to or arise out of any development or use of these recordings and materials.

My signature shows that I have read and understand the release and I agree to accept its provisions. I have full right to give this release.

Student’s Name: __________________________________________________________

Parent or Legal Guardian’s Name: ______________________________________________

Parent or Legal Guardian’s Signature: ____________________________________________

Date: ______________________________________________________________________

(Please complete this form and return it to the GHS Speech and Debate coach.)
Statement of Purpose and Intent
Participation in school-sponsored extracurricular activities and driving on campus in the schools of the Madison County School District is a privilege. Activity Students and Student Drivers have a responsibility to themselves, their fellow students, their schools, their families, and their community to set the highest possible examples of conduct by avoiding the use or possession of illegal or performance-enhancing drugs. Drug use of any kind is incompatible with participation in extracurricular activities and for driving a vehicle on school campuses in the Madison County School District. For the safety, health, and well-being of all students, Madison County Schools has adopted a policy of using an independent testing laboratory to conduct random drug testing of all students at middle schools and high schools in the District who participate in certain extracurricular activities, whether or not the activity is in off season or in season (an “Activity Student”), and students who purchase a parking decal/permit to drive on campus (a “Student Driver”).

Participation in Extra-Curricular Activities
Each Activity Student or Student Driver shall be given a copy of the Student Random Drug Testing Policy and Student Drug Testing Consent Form. Both the student and the student’s parent or legal guardian must read, sign, and date the Student Drug Testing Consent Form before the student shall be eligible to practice or participate in the listed extracurricular activity or purchase a parking decal/permit to drive on campus. To be eligible to participate in or practice with certain extracurricular activities or to purchase a parking decal/permit to drive on campus, the consent shall be (a) to give a urine sample; (b) if chosen on a random selection basis; or (c) at any time requested based on reasonable suspicion of the use or possession of illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any activity governed by this policy or to purchase a parking decal/permit unless the student has returned the properly signed Student Drug Testing Consent Form.

Student's Last Name                  First Name                  Middle Name
_______________________________________________________
I have read the “Student Random Drug Testing Policy” and “Student Drug Testing Consent Form,” and I understand that, out of care for my safety and health and the health and safety of others, Madison County Schools enforces the rules applying to the use or possession of illegal and performance-enhancing drugs. As a member of my school's extracurricular activity or as a student driver on campus, I realize that the personal decision that I make daily about the use or possession of illegal or performance-enhancing drugs may adversely affect my health and well being, possibly endanger those around me, and reflects poorly upon any organization with which I am associated.

Signature of Student                  Date
_______________________________________________________
We have read and understand Madison County Schools "Student Random Drug Testing Policy" and "Student Drug Testing Consent Form." We desire that the student named above participate in the extracurricular activities of Madison County Schools and/or be allowed to drive on campus, and we hereby voluntarily agree that our child or ward and we are subject to terms of the Student Random Drug Testing Policy. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the policy. We further authorize the independent testing laboratory adopted by Madison County Schools to disclose all drug testing lab results and related information for the child named in this consent form to Madison County Schools for the purpose as provided in the policies and procedures adopted by the District for the voluntary drug test program. We understand that we may revoke this authorization at any time by written notice to the District and the independent testing laboratory. We acknowledge that any such revocation will not be effective as to any disclosures made prior to receiving such revocation. I understand that any information disclosed by the independent testing laboratory under this authorization may no longer be protected by federal privacy regulations, and that such information may be further disclosed by the recipient. We understand that this authorization will become effective immediately upon execution and shall remain in effect until the student named in this consent form is no longer subject to the Drug Testing Policy of Madison County Schools. We further agree and consent to the disclosure of the sampling, testing and results as provided in the policy and any regulation adopted by the administration of the District.

________________________________________
Signature of Parent or Custodial Guardian
Date

________________________________________
Signature of Student
Date
I hereby give consent for my child, _______________________________, to participate in the Madison County School District’s athletic and activities programs during the 2018-2019 school year. I agree to abide by the rules and regulations of my school district and its governing body, the Mississippi High School Activities Association.

I hereby authorize and give permission for emergency medical treatment to be rendered for and on behalf of my child, _______________________________, for any injury received while participating in any supervised school activity. This authorization includes, but is not limited to, any treatment deemed necessary by certified personnel, physicians, hospital emergency room physicians and hospitals.

I hereby release the Madison County School District and all school personnel for any and all liability associated with such necessary treatment.

I hereby acknowledge that health and accident insurance is recommended for participation in all organized sports and activities and further certify that my child is covered under the health and accident program listed below.

School day insurance: _______________________________ Other insurance: _______________________________
Policy # _______________________________ Policy # _______________________________

In addition, I assume any expenses for liability not covered by the insurance policy above for injury received by the above-named student while participating in sports and school activities. I accept full responsibility for medical and hospital expenses and any other related expenses and do hereby hold harmless the Madison County School District and the Board of Trustees, their agents or assignees, of responsibility for any such injury or expenses and waive any and all claims which may arise against them. I realize that participation in organized sports and activities involves the potential for injury, sometimes severe enough to result in total disability, paralysis, or death.

I give the Mississippi High School Activities Association and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes. In addition, I consent to the disclosure, by my child’s/ward’s school, to the MHSAA, upon its request, of all records relevant to his/her eligibility and participation including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness.

The Student Participation Clearance Form is required for all students to participate in MHSAA athletic and activity programs.

Parent/ Legal Guardian _______________________________ Phone # _______________________________
Cell # _______________________________ Date _______________________________ (valid 365 from this date)