

**HOLDREGE HIGH SCHOOL
ACTIVITIES PARTICIPATION
Consent Form**

NAME OF STUDENT _____

This application to compete in interscholastic athletics or any other extra/co-curricular activities for the above named high school is entirely voluntary on my part and is made with the understanding that I have read the eligibility rules and regulations of the state association, and I am not in violation of such rules.

Signature of Student: _____

Date: _____

We, the parent(s) or guardian(s), of the above student, understand that the school carries no insurance of any kind to cover medical expenses incurred while participating in activities, and we will assume all such expenses ourselves personally. We also understand that the potential for injury does exist through participation in athletics.

(Note: Examine your insurance policies carefully to make sure they cover inter-scholastic athletic participation.)

Signature of Parent (or Guardian) : _____

Date: _____

RELEASE APPROVAL FOR ACADEMIC INFORMATION

From time to time, the Holdrege High School Athletic Department is asked for academic information pertaining to some of our student-athletes. Typically, the information requested concerns grade point averages, class rank, and any academic awards/recognition received by the individual. Most often, the information is used by newspapers and other publications for the purpose of recognizing athletic and academic excellence (i.e. academic all-conference and all-state teams, etc.) If you approve of the releasing of academic information for reasons listed above please sign below.

Signature of Parent (or Guardian): _____