



ELKHORN PUBLIC SCHOOLS ACTIVITES DEPARTMENT CONTRACT

NAME _____	SCHOOL _____	GRADE _____	SEX	M	F
HOME ADDRESS _____					
CITY _____	STATE _____	ZIP _____			

I have read and understand the information contained in the Elkhorn Activities Handbook and the "articles" previously listed; and will indicate my support by signing and returning this page to my son or daughter's head coach or the Activities Director's (AD's) Office.

X _____
Parent Signature

I have read and understand the information contained in the Elkhorn Activities Handbook and the "articles" previously listed; and I understand it is my responsibility to follow the information and guidelines contained in this handbook. I understand I must turn in this ACTIVITIES CONTRACT prior to beginning any practices, must have a current SCHOOL PHYSICAL on file in the Activities Office and have paid for an ACTIVITY TICKET prior to being allowed to practice/play.

X _____
Student Signature

ACTIVITIES DEPARTMENT INFORMATION NEEDED

PLEASE COMPLETE THE INFORMATION BELOW:

____ I shall participate in the Athletic Benefit Injury Plan as outlined by the School District.

____ I shall not participate in the Athletic Benefit Injury Plan and will assume all expenses for accidental injury.

***My son or daughter is covered by another policy, the name of the company is: _____

PARENTS & STUDENTS

Please staple your check for \$35 at the bottom of this page and return to your son's/daughter's head coach. Please note: If your son/daughter qualifies for free/reduced lunch program they might be eligible for a fee waiver. In order to receive the waiver the parent/guardian must be approved for free/reduced lunch and complete both the Student Fee Waiver Application and the Sharing Information with Other Programs form. Forms may be obtained at each building from the secretary or at the district office.

*****PLEASE COMPLETE THE OTHER SIDE OF THIS FORM*****

PARENT AND STUDENT NOTIFICATION/AGREEMENT FORM

Tobacco, Drug, Alcohol and Steroid Use

Activity participants should note that a violation of the activities code can occur through improper activities related to poor conduct choices. The administration will deal with violations on an independent basis, will weigh the severity and repetitiveness of poor conduct choices, and will place sanctions after completing an investigation on all conduct violations. Penalties, consequences and ineligibility timeframes will be enforced at the completion of each violation after all information is investigated and processed.

Tobacco, Drug, Alcohol and Steroid Related Violations:

- Possession, procurement, or the use of alcohol, drugs, look-alike alcoholic beverages, behavior affecting substances and/or drug paraphernalia.
- Distribution of illegal drugs, alcohol, behavior-affecting substances, look-alike drugs, look-alike alcoholic beverages or drug paraphernalia.
- Possession or use of tobacco, tobacco products or look-alike tobacco products (i.e. e-cigarettes).
- Anabolic steroids or any illegal drug considered to be in the illegal performance enhancing category. *Students should be aware that steroids, performance-enhancing stimulants, are illegal by law. State law 79-296 specifically addresses students taking, using or having possession of anabolic steroids or illegal performance-enhancing drugs.*

STUDENT CERTIFICATION

I have read the above information and agree that a prerequisite of my participation in Elkhorn Public School athletic activities is that I refrain from tobacco, drug, alcohol and steroid use. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by Elkhorn Public Schools.

X _____

STUDENT SIGNATURE

_____ DATE

PARENT/GUARDIAN CERTIFICATION

I have read the above information and agree that a prerequisite of my student's participation in Elkhorn Public School athletic activities is that my student refrains from tobacco, drug, alcohol and steroid use. I understand that failure to provide accurate and truthful information could subject the participant to penalties as determined by Elkhorn Public Schools.

X _____

PARENT SIGNATURE

_____ DATE

Please Print

ELKHORN PUBLIC SCHOOLS EMERGENCY INFORMATION REPORT



SCHOOL: EHS ESHS EMS EGMS ERMS EVVMS

NAME _____ STUDENT ID# _____

ADDRESS _____ ZIP _____

DATE OF BIRTH (mm/dd/yy) _____ GENDER: M F STUDENT CELL # _____

ACTIVITIES YOU INTEND TO PARTICIPATE IN THIS YEAR:

FALL	<input type="checkbox"/> Cross Country (b/g)	WINTER	<input type="checkbox"/> Basketball (b/g)	SPRING	<input type="checkbox"/> Baseball	<input type="checkbox"/> Band	<input type="checkbox"/> Dance	<input type="checkbox"/> Science Olympiad
	<input type="checkbox"/> Football		<input type="checkbox"/> Swimming		<input type="checkbox"/> Golf (b)	<input type="checkbox"/> Choir	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Golf (g)		<input type="checkbox"/> Wrestling		<input type="checkbox"/> Soccer (b/g)	<input type="checkbox"/> Speech	<input type="checkbox"/> DECA	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Softball				<input type="checkbox"/> Tennis (g)	<input type="checkbox"/> Debate	<input type="checkbox"/> FBLA	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Tennis (b)				<input type="checkbox"/> Track (b/g)	<input type="checkbox"/> Drama	<input type="checkbox"/> FCCLA	

Parent/Guardian Contact Information:

Father/Guardian

Email Address _____

Home Address _____

Business Address _____

Phone #1 (Cell __ Home __ Work __) _____

Phone #2 (Cell __ Home __ Work __) _____

Phone #3 (Cell __ Home __ Work __) _____

Mother/Guardian

Email Address _____

Home Address _____

Business Address _____

Phone #1 (Cell __ Home __ Work __) _____

Phone #2 (Cell __ Home __ Work __) _____

Phone #3 (Cell __ Home __ Work __) _____

Other Emergency Contacts:

Other Emergency Contact Name (not listed above) _____

Relationship _____

Address _____

Phone #1 (Cell __ Home __ Work __) _____

Phone #2 (Cell __ Home __ Work __) _____

Family Physician _____

Physician Address _____

Physician Phone _____

Health Insurance Company _____

Policy Number _____

Do you regularly take any medications YES NO if yes, which medications? _____

List any allergies you have here _____

Do you wear: GLASSES CONTACTS

Record of Illness (Check only those that have occurred)

<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Skin Disease	<input type="checkbox"/> Allergy Anaphylaxis, to _____
<input type="checkbox"/> Hernia	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> History of Seizures	<input type="checkbox"/> Other _____
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bone/joint Disease	_____

List any other serious injuries or operations here: _____

In the event of a medical emergency, the activity sponsor, athletic trainer, team physician and/or coach will administer first aid treatment until the family doctor can be contacted. I give my permission for these individuals to use their own judgment in securing medical aid and ambulance services in the case the parents/guardians can not be reached. I give permission for athletic trainers and team physicians to share medical information with my child's physician.

Parent/Guardian Signature _____

Date _____