

Francis Howell High School MSHSAA Eligibility Checklist

Student Name _____ Grade _____ ID # _____

Sport _____

The section below will be completed by activities office staff only

1. PPE (pre participation physical evaluation) _____
Must be on the 4 page MSHSAA form
2. Passed six classes last semester (3 credits) _____
a. GPA – 1.5 or higher Yes No
3. Currently enrolled in six classes (3 credits) _____
4. Is the athlete a transfer student? Yes No
If Yes – transfer form submitted _____
5. Francis Howell School District Activities Form (4 in 1)
(form is located in the back of the Activities handbook) _____
6. Athletic trainer emergency contact form
(one per school year) _____
7. Drug Testing _____
(only one form is required for all four years of high school)
8. Activities Handbook Acknowledgement _____
(one for each year –form is located in the back of the handbook)
9. Fines _____

Athletes participating in the following sports: baseball, basketball, cheerleading, football, soccer, softball, track (pole vaulters & high jumpers) wrestling, must also complete the following. Test will be given to freshmen, juniors and any new participants to the above sports.

10. Impact Testing Consent form _____
11. Impact Testing Completed _____

After the entire form is completed, the athlete is eligible to participate in try-outs

PRE-PARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart).

Date of Exam:			
Name:			Date of Birth:
Sex:	Age:	Grade:	School:
Sport(s):			
Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking:			
Do you have any allergies: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please identify specific allergy below:			
<input type="checkbox"/> Medicines:		<input type="checkbox"/> Pollens:	<input type="checkbox"/> Food: <input type="checkbox"/> Stinging Insects:

Explain "Yes" answers below. Circle questions you do not know the answer to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other:		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males) or spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Have you or someone in your family have sickle cell trait or disease?		
43. Do you have any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with the doctor?		
FEMALES ONLY	Yes	No
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		
Explain "Yes" answers here:		

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.		
Signature of Athlete:	Signature of Parent(s) or Guardian:	Date:

PRE-PARTICIPATION PHYSICAL EVALUATION

Missouri State High School Activity Association (MSHSAA) Eligibility and Authorization Statement

STUDENT AGREEMENT (Regarding Conditions for Participation)

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them.

I have read, understand, and acknowledge receipt of the MSHSAA brochure entitled "How to Maintain and Protect Your High School Eligibility," which contains a summary of the eligibility rules of the MSHSAA. (I understand that a copy of the *MSHSAA Handbook* is on file with the principal and athletic administrator and that I may review it in its entirety, if I so choose. All MSHSAA by-laws and regulations from the *Handbook* are also posted on the MSHSAA website at www.mshsaa.org).

I understand that a MSHSAA member school must adhere to all rules and regulations that pertain to school-sponsored, interscholastic athletics programs, and I acknowledge that local rules may be more stringent than MSHSAA rules.

I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I understand that if I drop a class, take course work through Post -Secondary Enrollment Option, Credit Flexibility, or other educational options, this action could affect compliance with MSHSAA economic standards and my eligibility.

I understand that participation in interscholastic athletics is a privilege and not a right. As a student athlete, I understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the rules of my school and laws of my community, state, and country.
- I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state, and country.

I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

Signature of Athlete:

Date:

PARENT PERMISSION (Authorization for Treatment, Release of Medical Information, and Insurance Information)

Informed Consent: By its nature, participation in interscholastic athletics includes risk of serious bodily injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN MSHSAA- SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN/S SIGNATURE.**

I understand that in the case of injury or illness requiring transportation to a health care facility, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be en route to or from another school or during practice or an interscholastic contest; and we hereby agree to hold the school district of which this school is a part and the MSHSAA, their employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We authorize the release of necessary medical information to the physician, athletic trainer, and/or school personnel related to such treatment/care. We understand that the school may not provide transportation to all events, and permit / do not permit (CIRCLE ONE) my child to drive his/her vehicle in such a case.

To enable the MSHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in the MSHSAA member school, I consent to the release of the MSHSAA any and all portions of school record files, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received, and attendance data.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I consent to the MSHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete.

The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year as indicated below:

Name of Insurance Company:	Policy Number:
Signature of Parent(s) or Guardian:	Date:

PARENT AND STUDENT SIGNATURE (Concussion Materials)

We have received and read the MSHSAA materials on Concussion, which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion.

Signature of Athlete:	Date:
Signature of Parent(s) or Guardian:	Date:

FRANCIS HOWELL SCHOOL DISTRICT ACTIVITIES

NAME _____ GR _____ STUDENT ID # _____

ADDRESS _____ PARENT/GUARDIAN: _____

DATE OF BIRTH: _____ EMERGENCY PHONE CONTACT # _____

ACTIVITIES DESIRING TO PARTICIPATE: _____

This application to participate in interscholastic activities in the Francis Howell School District is voluntary on my part and is made with the understanding that I am eligible under the following rules set by M.S.H.S.A.A. and the additional rules set by the Francis Howell School District.

M.S.H.S.A.A. ELIGIBILITY STANDARDS

1. Must be a creditable school citizen.
2. Cannot be 19 years old before July 1 preceding opening of school.
3. Cannot have graduated from a four-year high school.
4. Cannot have attended eight semesters of high school.
5. Cannot have competed in four seasons of a particular sport.
6. Must be enrolled in school the first 11 days of the semester.
7. Cannot have played under a false name.
8. Cannot commit an unsportsmanlike act.
9. Students serving school suspension are not eligible to practice or compete in school activities.
10. Must be enrolled in courses offering 3.0 units of credit.
11. Must have earned 3.0 units of credit the preceding semester. Summer school credits may apply to state eligibility standards. No more than 1 credit in summer school towards eligibility.
12. Must have satisfactorily passed a physical examination dated after February 1 immediately preceding the first day of the season for the activity in which you wish to participate. The examination report must specifically state that you "may participate in physical activities," and must be signed by the physician who conducted the examination.

FRANCIS HOWELL DISTRICT ELIGIBILITY STANDARDS

1. Must maintain a minimum 1.5 current G.P.A.
2. Must attend all practices, contests, and other performances unless excused by the coach.
3. Must not have any outstanding fines.
4. Must attend school the entire day of a game and must attend school on Friday to play on Saturday.
5. Must have satisfactorily passed a physical examination dated after February 1 preceding the first day of the season for the sport in which you wish to participate. The examination report must specifically state that you "may participate in sports," and must be signed by the physician who conducted the examination.
6. Any student who falsifies the physical examination form or any other required participation form is subject to suspension and/or permanent removal from the team or group by the Activities Director and/or Principal, and may be suspended or removed from additional activities depending upon the nature and magnitude of the offense.
7. Must be a creditable school citizen in accordance with the following standards:
 - a. Students who are serving out-of-school (or in-school) suspensions may not practice for or participate in school activities during the suspension. Multiple and/or serious violations of the Code of Student Conduct may result in long-term suspension and/or permanent removal from current and future school activities.
 - b. You must not use, possess, or distribute tobacco products while on school property or at school activities, whether on or away from District property.
 - c. You must not use, possess or distribute alcohol or controlled substances at any time, whether on or away from school property.
 - d. You must not be arrested for, charged with, or convicted of a felony or misdemeanor under either criminal or juvenile law, whether the offense occurs on or away from school property.

When a student is accused of an offense under either criminal or juvenile law, the charges may be dismissed or the student acquitted due to the high degree of proof under criminal and juvenile proceedings: guilt beyond a reasonable doubt. However, the District reserves the right to make an independent determination regarding whether the student engaged in the misconduct alleged, and is required only to establish by a preponderance of the evidence (more likely than not) that the student engaged in such misconduct.

The District does not have the authority to excuse students from the eligibility requirements established by MSHSAA. Additionally, students are uniformly expected to comply with the eligibility requirements established by the District. Accordingly, the procedures below are provided for the sole purpose of preventing suspensions and/or removals based upon inaccurate or incomplete information.

The procedures are not intended to provide standing with an opportunity to (1) avoid suspension or removals imposed for conduct they have actually committed, or (2) ask principals and/or the Board of Education for leniency when an appropriate consequence has been imposed for conduct that has actually occurred.

1. In most cases, a student should be advised of the reason for the suspension or removal from an activity, and provided with an opportunity to respond, prior to imposing the consequence.
2. When it is necessary in the judgment of the coach, sponsor, activities director, or principal to suspend or remove a student from an activity prior to advising the student of the reason for such suspensions or removal, the student should be advised of the reason and given an opportunity to respond within a reasonably prompt time after the consequence has been imposed.
3. Students may appeal a suspension or removal imposed by a coach or sponsor to the Activities Director.
4. Students may appeal a suspension or removal imposed or affirmed by the Activities Director to the Building Principal.

I UNDERSTAND THAT PARTICIPATION IN SCHOOL ACTIVITIES IS A PRIVILEGE AND NOT A RIGHT. I UNDERSTAND THAT I AM REQUIRED TO COMPLY WITH ALL OF THE ABOVE-LISTED REQUIREMENTS TO BE ELIGIBLE FOR PARTICIPATION IN SCHOOL ACTIVITIES. I UNDERSTAND THAT VIOLATION OF ONE (1) OR MORE OF THE ABOVE RULES MAY RESULT IN SUSPENSION AND/OR PERMANENT DISMISSAL FROM THE CURRENT TEAM OR ACTIVITY AND FROM ADDITIONAL SCHOOL ACTIVITIES, DEPENDING UPON THE NATURE, FREQUENCY, AND SEVERITY OF THE VIOLATION(S).

Student Participant's Signature

Parent/Guardian Signature

Date

PARENT PERMISSION

We hereby give our consent for the above student to represent their school in interscholastic activities. We also give our consent for them to accompany the team/group on trips and will not hold the school responsible in case of accident or injury whether it be in route to or from another school or during practice or an interscholastic contest/event; and we hereby agree to hold the school district of which this school is a part, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, activities, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if they are injured in the course of school athletic activities.

CONSENT FOR PARTICIPATION/RISK ACKNOWLEDGEMENT

My/our child wishes to participate in the sport of _____ for the Francis Howell School District sports/activities program. I/we realize that there are risks involved in my/our child's participation. I/we understand that the risk to my/our child includes a full range of injuries, from minor to severe, and that the result could be death, paralysis, or other serious, permanent disability. I/we agree to accept this risk as a condition of my/our child's participation.

Date

Signature/Relationship

Signature/Relationship

Emergency Form for Athletic Trainer

Student Name _____ Date of Birth _____ Grade _____ M/F _____

Last name/first name

Activity/sport(s) you plan to participate in/tryout for _____

Address _____ Home Phone # (____) _____

City _____ Zip _____

Mom/Guardian Name _____ Work # (____) _____ Cell # (____) _____

Dad/Guardian Name _____ Work # (____) _____ Cell # (____) _____

If parents cannot be reached an additional person to contact in case of emergency

Name _____ Relationship to student _____

Home Phone # (____) _____ Work # (____) _____ Cell # (____) _____

Allergies _____

Long Term Medication _____

Significant Medical History _____

Parent Signature _____ Date _____

CONSENT TO TESTING OF URINE SAMPLES AND AUTHORIZATION FOR RELEASE OF INFORMATION

To: Francis Howell School District Board of Education, Athletic Director, Sponsors, Coaches,
and Administrative Personnel

I hereby acknowledge that I have received a copy of the Francis Howell School District Random Drug Screening Policy. I further acknowledge that I have read said policy, that it has been explained to me, and that I fully understand the provisions of the program and agree to comply with the rules and regulations of the Francis Howell School District in this policy. I understand that this Consent will remain in effect until: (1) graduation; or (2) submission of an Activity Drop Form, effectively withdrawing from the drug testing program and revoking this Consent.

I hereby consent to have a sample of my urine collected and tested for the presence of certain drugs and substances in accordance with the provisions of the Francis Howell School District Random Drug Screening Policy and at other such times as urinalysis is required under the program. I authorize the testing lab to release a positive drug test result to the designated school district personnel, as per policy.

I further authorize you to make confidential release to the school principal, superintendent/designee, activities director, my parent(s)/guardian(s), and/or the drug counseling program, all the information and record, including test results, you may have relating to the screening or testing of my urine samples in accordance with the provision of the Francis Howell School District Random Drug Screening Policy which is applicable to extracurricular activities and on-campus parking permits of the Francis Howell School District. To the extent set forth in this document, I waive any privilege I have in connection with such information.

I understand that any urine samples will be sent to a laboratory designated by the Francis Howell School District for actual testing.

The Francis Howell School District Board of Education and its officers, administrators, employees, and agents are hereby released from responsibility for the release of such information and records as authorized by this form.

I certify that all information contained on this consent form is true and correct.

Print Student Name

Student Signature

Date

We, the parent(s)/guardian(s) of the above student, join in the above statement for the minor student.

Printed Parent(s)/Guardian(s) Name

Parent(s)/Guardian(s) Signature

Date

STUDENT ID# _____ GRADE _____

ACKNOWLEDGEMENT OF ACTIVITIES HANDBOOK

I acknowledge receipt of a copy of the athletic/activities handbook and have read the rules concerning eligibility and conduct for FRANCIS HOWELL SCHOOL DISTRICT student participants. I understand the rules and realize that I am subject to disciplinary measures should I violate them. I do agree to participate and conduct myself in accordance with the rules of our athletic/activities program and with specific rules of my coaches/directors/sponsors. We, the undersigned, agree that we have been given the following information and understand it fully.

- I. That the school agrees to provide:
 - A. Supervision
 - B. Instruction
 - C. Proper equipment (This excludes equipment or uniforms provided by the participant)
 - D. Proper safety precautions
- II. That the school abides by all written rules regarding behavior and safety.
- III. That participating in athletics may cause serious injury or death.

I acknowledge that with participation in sports/activities, there are risks involved. I/We realize that there are risks involved in my/our child's participation. I/We understand that the risk to my/our child includes a full range of injuries, from minor to severe, and that the result could be death, paralysis, or other serious, permanent disability. I/We agree to accept this risk as a condition of my/our child's participation.

I have read the above statement of policy and agree to abide by the sportsmanship, citizenship/conduct, tobacco, alcohol, and drug expectations. I understand that this agreement in no way limits my right to terminate or to be terminated from student activity participation.

STUDENT PARTICIPANT (Print Name)

DATE

STUDENT ID #

SIGNATURE OF STUDENT PARTICIPANT

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

*PLEASE RETURN THIS FORM TO THE ACTIVITIES OFFICE

FRANCIS HOWELL SCHOOL DISTRICT

Consent for Cognitive Testing and Release of Information

I give my permission for (name of child) _____

(Child's date of birth) _____

to have a baseline and, if necessary, a post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered at Francis Howell High School. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child's baseline test, which is on file at Francis Howell High School. I understand there is no charge for the testing.

Francis Howell High School may release the ImPACT results to my child's primary care physician, neurologist, school athletic trainer, Dr. Brandon Larkin (District ImPACT Coordinator), or other treating physician, as indicated below.

I understand that general information about the test data may be provided to my child's guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

Name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of physician: _____

Name of practice of group: _____

Phone number: _____

Student's home address: _____

Parent or guardian phone numbers (please indicate preferred contact number & time if necessary):

_____ (H) _____ (W)

_____ (cell)

Francis Howell School District

Private Transportation Permission Form

I/We understand that the school may not provide transportation to all contests/practices. I/We also understand that I/we have the authority and responsibility to permit my/our son/daughter to drive or ride with others whether or not school transportation is provided. Please allow my/our child(ren) to drive/ride as indicated in the table below.

I/We give permission for my/our son/daughter to:

- | | | |
|---|-----|----|
| • drive to and from contests/practices.* | Yes | No |
| • drive other teammates to and from events/practices.* | Yes | No |
| • be driven by another teammate to and from events/practices.* | Yes | No |
| • be driven by a coach/teacher/sponsor to contests to and from events/practices.* | Yes | No |
| • be driven by a parent/guardian to and from events/practices.* | Yes | No |

*Golf and swimming are off campus daily and will require athletes to drive or be driven by a coach, teammate or parent. All other sports have buses for contests but teams are sometimes given the option to drive if the contest is close by, in the evening, on weekends or the event involves a small enough number of students that using a bus is not cost efficient.

I/We also understand and acknowledge that the Francis Howell R-III School District will have no financial or legal responsibility for determining whether the private transportation provider is insured.

By signing this form, I/we hereby release the District, as well as its directors, officers, administrators, employees, and other agents from all liability for any and all injuries arising from my child's travel to this activity via private transportation. I/We further agree to indemnify and hold harmless the District, as well as its directors, officers, administrators, employees, and other agents, against any claims asserted by my/our child as a result of his or her travel to this activity via private transportation.

Parent(s)/Guardian(s) Name(s) Date

Parent(s) or Guardian(s) Signature(s) Phone

TO BE SIGNED BY STUDENT

I acknowledge that the District will have no financial or legal responsibility for injuries arising out of my travel from school (or other location) to this activity. I further acknowledge that I have a responsibility to travel directly from school (or other location) to the activity and that failure to report to an activity on time may result in discipline, up to and including possible dismissal from the activity. I further acknowledge that inappropriate conduct during travel to and from an activity may result in such discipline, as well as additional discipline under Board of Education Policy, as such Policy applies to misconduct in connection with school activities, whether on or away from District property.

Student Name _____ Date _____

Student Signature _____ Phone _____

Activity Director or Designee _____ Date _____