

ATHLETIC PARTICIPATION CONSENT FORM

Student's Name _____

As a student in Jackson County School District and an active participant in school sponsored athletic trips, I will abide by the following rules and regulation stating that:

1. I have received a copy of written rules and regulations concerning my participation in athletic events.
2. I fully understand that a violation of these rules can result in disciplinary action as stated in the student handbook.

LEVEL OF OFFENSES & DISCIPLINARY ACTIONS

I. Minor offenses:

- a. Inappropriate classroom behavior (per student handbook)
- b. Tardiness or missed practices/meetings without proper excuse
- c. Inappropriate dress

Disciplinary Actions:

- a. Verbal correction
- b. Sitting out game or games
- c. Conference with parent(s)



II. Major Offenses:

- a. Defacing or destroying school property
- b. Fighting
- c. Stealing
- d. Committing forgery
- e. Defying a coach or school authority
- f. Causing disruption in school or on a school bus (per student handbook)
- g. Leaving school grounds or assigned area without permission
- h. Use of alcoholic beverages or controlled substances
- i. Smoking/Use of tobacco
- j. Display of poor attitude or lack of self-discipline
- k. Boycotting team for any reason

Disciplinary Actions:

- a. Parental conference
- b. Sitting out game or games
- c. Dismissal from program for a specified period of time
- d. Permanent dismissal from program
- e. Any other action deemed appropriate by the administration

- III. Dismissal from or quitting a school sponsored athletic program will result in the athlete being placed on extra-curricular suspension. The athlete will not be allowed to participate in any other sport until the regular season of the sport in which he/she has been removed is completed.

I further understand that each student who participates in the secondary athletic program must be medically screened by a licensed physician. The screening is general in nature and limited in its scope and does not indicate or assure me that my child is completely free from impairments, which may be affected by athletic participation.

I further consent to the random testing of urine samples of my child to ensure that each athlete is drug free and hereby release the Jackson County School District from legal responsibility or liability for the release of such information and records as authorized by this form.

Parent/Legal Guardian Signature _____ Phone _____

Date _____ *Signatures to be randomly verified by school officials