



STUDENT PARTICIPATION CLEARANCE FORM

I hereby give consent for my child, _____, to participate in the Jackson County School District's athletic and activities programs during the 2018-2019 school year.

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 Jackson 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 _____
Policy # _____

Other insurance _____
Policy # _____
Name of agent _____

****NOTE: SMAC also requires "proof of insurance" document attached to this form.**

The Jackson County School District does not pay any expense incurred for any accident involving a student on school property or participating in school activities and does not provide health or accident insurance for participants in school programs.

In addition, I assume any expenses for liability not covered by the above required insurance policy 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 Jackson 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.

Parent/ Legal Guardian _____ Phone # _____

Cell # _____ Date _____ (valid 365 from this date)