



**ASHLAND-GREENWOOD MIDDLE SCHOOL/HIGH SCHOOL  
PREPARTICIPATION PHYSICAL EVALUATION/EXAMINATION  
CLEARANCE FORM – GRADES 8-12**



**STUDENT INFORMATION**

Student Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**EVALUATION/EXAMINATION FINDINGS**

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Not cleared for
- All sports
  - Certain sports (list): \_\_\_\_\_
- Reason: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION**

Allergies: \_\_\_\_\_  
Other Information: \_\_\_\_\_  
Immunizations:  Up to date  Not up to date Specify: \_\_\_\_\_

**PHYSICIAN INFORMATION**

Name of Physician (print/type): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Physician: \_\_\_\_\_

**NOTE: Student and Parent Must Read and Sign Reverse Side**



## Nebraska School Activities Association (NSAA) and Ashland-Greenwood Middle School/High School Student and Parent Consent Form

To be completed by students participating in all NSAA and AG Activities

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

The undersigned(s) are the Student and the Parent(s), Guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent". The parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions injuries so severe as to result in total disability, paralysis and death; and, (d) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;<sup>3</sup>
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of the place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g. full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, videotaped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

I acknowledge that I have read paragraphs (1) through (4) above, understand agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Name (Signed)

(I am) (We are) the Students [circle appropriate choice] (Parent), (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, (I)(We) hereby give (my)(our) permission for the student named above to practice and compete for the above named middle school/high school in activities approved by the NSAA, **except for those crossed out below:**

Golf	Volleyball	Softball	Football	Cross Country	Wrestling
Basketball	Track	Play Production	Speech	Music	

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Parent Name (Printed)

\_\_\_\_\_  
Parent Name (Signed)

**This form must be completed and signed for all student Grades 7-12 participating in any of the activities listed above. Student wishing to participate in any athletic activity must also have the appropriate physical examination from completed by an authorized medical professional; that form is found on the reverse of this consent form. Consent and physical exam forms are due prior to the first day of participation (including practice).**