To be completed for students participating in all NSAA activities.

Parent [Print Name]



NEBRASKA SCHOOL ACTIVITIES ASSOCIATION (NSAA)

		Student and Par	ent Consent Form			
School Year:20020 Name of Student: Date of Birth:	0 Member Scho	ol:				
The undersigned(s) are collectively referred to a	the Student and the				e named Student and	d are
The Parent and Student	hereby:					
(1) Understand and ag privilege;	ree that participatio	n in NSAA sponso	ored activities is vo	luntary on the part	of the Student and	is a
(2) Understand and agrootential dangers associately the severity of such body's bones, joints, ligoccasions, injuries so sepest protective equipme	piated with athletic p injury can range fro aments, tendons, o evere as to result in	articipation; (b) par om minor cuts, brui or muscles, to catas total disability, par	ticipation in any ath ises, sprains, and n strophic injuries to t alysis and death; ar	letic activity may in nuscle strains to mo the head, neck and nd, (d) even the bes	volve injury of some to ore serious injuries to I spinal cord, and on	type; o the rare
(3) Consent and agree to participation in NSAA sparticipating; and,						
(4) Consent and agree subsequent disclosure listing, electronic mail a enrollment status (e.g., member of athletic team related to eligibility for participation in NSAA spany other means while alisplay of such recording to the broadcast, sale of	by the NSAA, of inf ddress, photograph full-time or part-time ns, degrees, honors NSAA sponsored consored activities; participating in NSA gs, and waive any o	ormation regarding, date of and place), participation in of and awards receivactivities, medical and, (b) the Studer A activities and corelaims of ownership	the Student, included of birth, major field of birth, major field ficially recognized a yed, statistics regard records, and any of being photograph tests, consent to an or other rights with	ding the student's noise of study, dates of study, dates of study, dates of stitionial sports, ding performance, of their information led, video taped, aund waive any privactions.	name, address, teleph f attendance, grade le weight and height of records or documenta related to the Stude idio taped, or recorde by rights with regard to	hone evel, as a ation ent's ed by o the
l acknowledge that I haw warning of potential risk				and agree to the ter	rms thereof, including	j the
DATED this day of	f	,·				
Name of Student [Print I	Name]	Stude	nt Signature			
(I am)(We are) the Stuparagraphs (1) through inherent in participation risk of injury to my Studand compete for the about	(4) above, understa in athletic activities. ent, (I)(we) hereby	and and agree to the Having read the give (my)(our) pern	ne terms thereof, in warning in paragranission for	cluding the warning ph (3) above and ur [insert	of potential risk of inderstanding the pote student name] to pract	njury ential
Baseball	Golf	Tennis	Play Production	Basketball	Swimming/Divin	
Track	Football	Speech	Cross County	Soccer	Volleyball	
Music	Football	Softball	Wrestling	Debate	Journalism	
DATED this day of	f	,·				

Parent Signature