

## After School Sports Permission Slip

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Name: \_\_\_\_\_

Parent/Guardian,

The Creighton School District will be offering an after school sports program to the 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> grade boys and girls. The students will practice after school-the days and times will be determined by the coach. If your child will be picked up by a parent **please** be at the school on time so your child is not waiting for their ride at the end of practice.

When games start an additional permission slip will be sent home to explain the date, location and time of the game.

PLEASE NOTE there will be no nurse available, so if your child needs medication please be sure they have it with them during practice/games. If your child is walking home there will be **NO CROSSING GUARD ON DUTY**>

Please indicate below the way your child will be going home after practice.

Bus Rider (  ) BUS STOP \_\_\_\_\_

PARENT PICK-UP (  )

WALK HOME AFTER PRACTICE (  )

MY CHILD WILL BE GOING HOME WITH:

COMMENT:

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Creighton School District

## Eligibility Rule and Equipment Policy

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PRINT: Students Name

Grade

Home room teacher

SPORT:

COACH:

During the years in which you represent your school in the middle school sports program, you must adhere to the Creighton School District rules. The rules are:

### ELIGIBILITY

- An athlete shall have a passing grade in all classes.
- An athlete shall be enrolled in the school for which they participate.
- An athlete shall be a student in the middle school (grades 6, 7, or 8).

NOTE: There are additions and exceptions to the above rules. Consult your coach or administrator for information.

### EQUIPMENT POLICY

- If the equipment issued to a student is lost, stolen, or damaged as a result of carelessness or neglect on the part of the student, the student will be charged a reasonable replacement fee or will be required to provide a substitute piece of equipment which is acceptable to the athletic department.

WE HAVE READ AND UNDERSTAND THE ABOVE ELIGIBILITY RULES AND EQUIPMENT ISSUE POLICY.

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Student Signature

Parent/Guardian Signature

Date

# Parent's Code of Conduct Agreement

## Creighton School District

1. I will remember that this is a recreational/instructional program and the primary goals are to allow having fun and learning the game.
2. I will remember that the referee will do the best he/she can and make the calls to the best of his/her ability/judgment.
3. I will not yell at the referee during the game.
4. I will not be abusive with the referee, coaches, players or spectators.
5. I will not yell negative comments to my child or any opposing player. I will instead yell only positive praise and give relentless encouragement to our players.
6. I will remember that when the game is over, everyone who played and gave their rest is a winner.
7. I will not allow myself or my child to play the role of victim/loser, but instead will use the opportunity when we lose to teach my child that they are no different when they lose than when they win.
8. If I see something that needs to be changed, I will work cooperatively with the school/district, coaches, to be part of the solution, not the problem.
9. I will keep the game in proper perspective, remembering that this is not the Superbowl, NBA championship, World Cup or the World Series, but only a game, one of many kinds and types that are played in the game of life and the important thing is to enjoy it and learn from it.
10. I will abide by the rules above, and if I don't understand why I will not be allowed at these games or why my child may not be allowed to play. I will take responsibility for explaining to my child that it isn't his/her fault, but my fault because of my poor sportsmanship.

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Parent's or Guardian's Signature

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Date



# CREIGHTON SCHOOL DISTRICT

## Agreement to Participate in Athletics Form

I am aware that participating in any sport can be dangerous activity involving **RISK OF INJURY**. I understand that the dangers and risks of participating in \_\_\_\_\_, includes, but is not limited to, the risk that I might die, be seriously injured or permanently injure or damage other parts of my body. I understand that spinal injuries and neck injuries, which could cause brain damage and/ or paralysis, are among the many injuries I could receive from my participation in the above sport.

I certify that I am aware of potential injuries and understand at any time that I have the right to contact the Coach, Student Advisor, Principal, or Athletic Director to discuss my concerns with the program.

Because of the risk and dangers of participating in the above sport, I recognize the importance of following the coach's instructions regarding playing techniques, training and team rules, and agree to obey such instructions. I also understand that in order to maintain my eligibility to participate in the sport of \_\_\_\_\_, I must abide by these instructions as well as all applicable athletic association, school and team rules.

By signing this form I acknowledge that I have been informed, understand and appreciate the risk involved in practicing, playing or trying out the sport of \_\_\_\_\_, and engaging in all activities related to the team, including travel. I voluntarily assume and understand all risks associated with my participation.

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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Parent's/Guardian's Signature - they understand that their child will be participating in after school sports.

IMC:ar January 1999

SOURCE: Herb Appenzeller, Managing Sports and Risk management Strategies, Appendix P (1993) (Modified from the original text)

800-50261

(White) Coach

(Canary) Parents

MEDICAL RELEASE FORM

Dear Parent/Guardian:

For your child's safety, the following information is necessary for the school and coach/sponsor to have in the case of an emergency.

I, \_\_\_\_\_ give my consent  
(parent or guardian)

to \_\_\_\_\_ for a medical doctor to  
(coach or sponsor)

give emergency treatment for my child: \_\_\_\_\_  
(student's name)

My child is now taking the following medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The medication is to be taken at: \_\_\_\_\_ time \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

PARENT: \_\_\_\_\_ HM#: \_\_\_\_\_ WK#: \_\_\_\_\_

PARENT: \_\_\_\_\_ HM#: \_\_\_\_\_ WK#: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

COMMENTS:

Creighton District encourages all students to be covered by insurance. If you are interested in insurance coverage, contact your school office for insurance information.



CREIGHTON SCHOOL DISTRICT  
SCHOOL EXCURSION PERMIT

Dear Parent,

The teachers and school officials feel that the student can profit greatly by planned and supervised field trips, excursions, and athletic events. However, we will not take the children without your knowledge and consent.

If you are willing for your child to go, please sign this slip and have it returned to the teacher no later than \_\_\_\_\_ (date). *(Please keep the canary copy for your records)*

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Teacher's name

EXPECTED TIME OF DEPARTURE: \_\_\_\_\_

EXPECTED TIME OF RETURN: \_\_\_\_\_

- LUNCH ARRANGEMENTS:
- Regular lunch at school
  - sack lunch required
    - From home
    - from school

Any questions or concerns regarding your child or transportation please call 381-6055

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

CREIGHTON SCHOOL DISTRICT # 14  
MEDICAL RELEASE FORM

In compliance with Creighton School District's Governing Board Policy IICA-R, FIELD TRIPS EXCURSIONS, we require a medical release from parents. This information would be appreciated for all off campus trips in the event of an emergency. Thanks for completing the following information for your child.

I \_\_\_\_\_ give my consent to \_\_\_\_\_ for a medical doctor to  
(Parent's Name) (Teacher's Name)  
give any emergency treatment for my child, \_\_\_\_\_. The physician may call  
(Student's Name)  
me collect at \_\_\_\_\_ or \_\_\_\_\_  
(Parent's Phone Number) (Alternative Emergency Number)

My child is now taking the following medication: \_\_\_\_\_  
at this time of day: \_\_\_\_\_

Special health condition or allergies: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

IMC:ar