CODE OF CONDUCT: I understand that as a student representing the school district in activities, I am obligated to comply with the South Central Nebraska USD#5 (SCNUSD#5) Athletic Handbook, including the Code of Conduct. This means that I may NOT possess, use or be at parties in the presence of alcohol, illicit drugs, or controlled substances at any time during the school term unless I am accompanied by a parent/guardian. I understand that if I violate the Code of Conduct or other rules in the SCNUSD#5 Athletic Handbook, I may be suspended from participation in all co-curricular activities and/or school sponsored activities or events.

PRINTED NAME OF STUDENT_____________________________________
STUDENT SIGNATURE ____________________________________________ DATE______
(Grades 7th-12th)

I understand that the SCNUSD#5 Athletic Handbook obligates my student, including the statements above.

PRINTED NAME OF PARENT/GUARDIAN_______________________________
PARENT/GUARDIAN’S SIGNATURE________________________________ DATE________

SOUTH CENTRAL NEBRASKA USD#5
ATHLETIC COMPETITION INJURIES - ACKNOWLEDGMENT & SIGNATURE

Many forms of athletic competition result in violent physical contact among players, the use of equipment, which may result in accidents, strenuous physical exertion and numerous other exposures to risk of injury. Students and parents must access the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution or supervision will eliminate these risks. Students have suffered accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment while playing sports. By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists. Students will be instructed in proper techniques to be used in athletic competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

I understand the statement above and I understand that by allowing my student to participate in athletic events, I assume the risk that he/she may be injured, perhaps severely.

PRINTED NAME OF PARENT/GUARDIAN_______________________________
PARENT/GUARDIAN’S SIGNATURE________________________________ DATE________

DATE RECEIVED BY SCHOOL OFFICE: ____________________________