

Natchez-Adams School District

Interscholastic Athletics

(TO BE SIGNED BY PARENT OR LEGAL GUARDIAN ONLY)

A student shall not be permitted to practice or compete in interscholastic athletics for a school until he/she has completed the information below. This information is important and must be on file in the coach's office.

SECTION 1: ATHLETE'S APPLICATION AND PERSONAL INFORMATION

If an athlete shows a lack of self-discipline, poor attitude, or an unwillingness to fulfill his/her commitments to the athletic program, he/she shall be suspended from athletic participation in that sport for the remainder of the season. If any athlete boycotts the team for any reason, he/she shall be suspended from athletic participation in that particular sport or any other sport for the remainder of that season.

SECTION 2: PARENT PERMISSION

I hereby give my consent for to represent his/her school in interscholastic athletics and for him/her to accompany the team on athletic trips. I understand that each student participant must be medically screened prior to participation in any activity. I hereby give my consent for my child to be examined by a licensed school nurse or medical doctor and the results be released to the Natchez-Adams School District's Athletic Department. I further understand that this basic medical screening is general in nature and limited in its scope and does not indicate or assure me that my child is completely free from impairments which may be affected by athletic participation.

I hereby give my permission for the student to participate in organized middle/high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death.

Parent/Legal Guardian's Signature _____

Student Athlete's Signature _____

Date _____

Sport _____

CONTROLLED SUBSTANCE TESTING MINOR CONSENT FORM

I, _____ hereby give my consent for my child/ward,
_____, to be tested for controlled substances (drugs) and/or alcohol
in accordance with Natchez-Adams School District policy. I understand that testing will be by means of
collection of urine or breath sample. I understand that I will be notified if the results of any test administered by
the school are "positive" for the presence of controlled substances or alcohol. I understand that such information
is confidential and may not be released by or obtained from the school by anyone not listed on this consent
form without prior written authorization from the legal parent/guardian. Witness my signature the day and year
written below:

Parent's/Guardian's Signature _____ Date _____

Student's Signature _____ Date _____

