

SDHSAA CONSENT FOR PARTICIPATION IN ACTIVITIES

1. We understand and agree that participation in SDHSAA sponsored activities is voluntary on the part of the student and is considered a privilege.
2. We understand and agree that:
 - (a) By this Consent Form the SDHSAA has provided notification 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 injuries can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries such as injuries to the body's bones, joints, ligaments, tendons or muscles. Catastrophic injuries to the head, neck, and spinal cord and concussions may also occur. On rare occasions, injuries so severe as to result in total disability, paralysis and death;
 - (d) Even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility; and;
 - (e) By reading this form and signing the physical form at the bottom, I/we give our consent for the listed student to compete in SDHSAA approved athletics for the school year as listed on the physical form. Further, I/we, give our permission for our child to participate in organized high school athletics, realizing that such activity involves the potential for injury and harm which exists as an inherent element in all sports.
3. We understand, consent and agree to participation of the student in SDHSAA activities subject to to all SDHSAA bylaws and rules interpretations for participation in SDHSAA sponsored activities and the activities rules of the SDHSAA member school for which the student is participating; and
4. We understand, consent and agree that personally identifiable directory information may be disclosed about the student as a result of his/her participation in SDHSAA sponsored activities. Such directory information may include, but is not limited to, the student's photograph, name, grade level, height, weight, and participation in officially recognized activities and sports. If I/we do not wish to have any or all such information disclosed, I/we must notify the above-mentioned high school, in writing, of our refusal to allow disclosure of any all such information prior to the student's participation in SDHSAA sponsored activities.

_____ Student Signature _____ Parent Signature

PROOF OF INSURANCE

Name of Family _____ Address _____

Phone _____ Policy Number _____ Group Number _____

Name of Insurance Company _____

Address of Insurance Company _____

Are all family member covered by this Insurance? Yes / No (Please circle)

SDHSAA CONSENT FOR MEDICAL TREATMENT

The SDHSAA recommends that all member schools receive consent from all students and parents/guardians prior to activities, to ensure that medical care can be provided to the student during any activity away from home. This statement and corresponding signatures allow the student to be treated by medical professionals in case of an injury to the student.

_____ Student Signature _____ Parent Signature