

# parent form packet



# new prairie

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*ATHLETES NAME*

\_\_\_\_\_ *GRADE*

PLEASE FILL OUT THE ATTACHED FORMS

RETURN THEM TO COACH AT  
THE END OF COACH/PARENT MEETING

THANK YOU

STUDENT INSURANCE OPTION  
AMERICAN YOUTH  
MARKEL INSURANCE COMPANY

Insurance forms are available at the high school athletic office. The form is to be completed and mailed w/payment to Markel Insurance Company.

OPTIONS:

Around the Clock Accident

School Time

Football

Full time dental coverage can be added to school time coverage only

Please complete one of the following:

***I will be*** purchasing Student/Sports Insurance. I understand the form has to be completed and mailed w/payment.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

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



***I do not*** wish to purchase student/sports insurance. We have adequate insurance coverage.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

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



INFORMED CONSENT:  
THE FIRST STEP TO PARTICIPATION IN SPORTS

I/we acknowledge that the participant is assuming a certain risk of being injured that even with the best coaching, use of the most advanced protective equipment and strict observance of rules; injuries are still a possibility in organized athletics. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death.

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(To be returned to the school)

NEW PRAIRIE HIGH SCHOOL  
PARTICIPANT AND PARENT ATHLETIC ACKNOWLEDGEMENT

As a prospective athlete of New Prairie High School I acknowledge that:

1. Participation in high school athletics is a privilege, not a right, which carries with it varying degrees of honor, responsibility and sacrifice.
2. There are certain risks and injuries contingent upon my participation in practices, activities and contests.
3. I have read the New Prairie High School Student handbook and the New Prairie High School Athletic Code and understand the expectations of my conduct and the consequences of non-compliance.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

As a parent of a prospective athlete of New Prairie High School I/we acknowledge that:

1. Participation in high school athletics is a privilege not a right, which carries with it varying degrees of honor, responsibility, and sacrifice.
2. There are certain risks and injuries contingent upon my son/daughter participation in practices, activities, and contests.
3. I/we have read the New Prairie High School Student Handbook and the New Prairie High School Athletic Code, and understand the expectations of my son/daughter's conduct and the consequences of their non-compliance.

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

\_\_\_\_\_  
Date

*New Prairie Cougars*

**BOYS & GIRLS GOLF TEAM**

I understand transportation will not be provided by New Prairie United School Corporation for Girls and Boys Golf team **practices** or **home course matches**. Bus transportation is planned for **“away”** matches only according to team schedule.

I hereby give my daughter/son

\_\_\_\_\_ permission to drive to  
scheduled practices and home contests.

Or:

My son/daughter \_\_\_\_\_ is not a  
licensed driver, and I have made arrangements for their transportation to  
scheduled practices and home contests.

\_\_\_\_\_  
(Parent or Legal Guardian Signature)

\_\_\_\_\_  
(Date)

PERMISSION TO PHOTOGRAPH/VIDEO TAPE  
RELEASE TO UTILIZE  
PERMISSION TO RELEASE FOR PUBLICATIONS

We recognize the value of audio-visual and other types of electronic communication in providing our child with an effective education and hereby grant permission for our child and/or his/her schoolwork products to be photographed or videotaped as part of an educational program produced by the Corporation or coalition of Corporations.

We further grant permission for the photographs or videotapes be used in media presentations that are made available to other education institutions or through a cable television station or network. We understand that our child's image, name, work produce, school, and grade may be revealed in the presentation(s) but that no other information about our child or his/her schoolwork will be revealed without our prior consent.

Student Name\_\_\_\_\_

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

\_\_\_\_\_  
Parent's Printed Name

Address\_\_\_\_\_ City\_\_\_\_\_

Zip\_\_\_\_\_

Home Telephone\_\_\_\_\_

Cell or Work\_\_\_\_\_

\_\_\_\_\_  
Date

It is the policy of this Corporation that no student shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, gender, disability, height, weight, or other protected characteristics.

<b>EDUCATIONAL POLICIES: NEW PRAIRIE UNITED SCHOOL CORPORATION STUDENTS</b>	<b>1021</b>
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**NEW PRAIRIE UNITED SCHOOL CORPORATION EXTRA-CURRICULAR AND CO-CURRICULAR  
CONSENT FORM AND DRIVING TO AND FROM SCHOOL**

I have received, have read, and understand a copy of the New Prairie United School Corporation Extra-curricular and co-curricular Activities Drug Testing Program. I desire that \_\_\_\_\_  
\_\_\_\_\_ participate in this program, and in the extra-curricular and co-curricular program of New Prairie United School Corporation, along with driving to, from or during school and hereby, voluntarily agree to be subject to its terms for the entire high school career (grades 9-12). I accept the method of obtaining urine specimens, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time. I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Date \_\_\_\_\_, 20\_\_\_\_ Student I.D.# \_\_\_\_\_

\_\_\_\_\_  
(Please list Extra-curricular/Co-Curricular activities you participate in)

Student Driver: Yes No (circle one)

\_\_\_\_\_  
Student Signature

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

I, \_\_\_\_\_, have decided not to participate in any extra-curricular and co-curricular activities sponsored by New Prairie United School Corporation, or driving to, from or during school for the remainder of this school year. In order for me to participate in the extra-curricular and co-curricular activity program or driving to and from school at a later date, I understand that I must submit to a urinalysis.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Adopted this 24<sup>th</sup> day of March, 2003**

## IHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

All participating athletes must have had a physical examination between May 1 and their first practice and have the physical on file in the athletic office before they are eligible to participate.

A sports physical exam is offered at New Prairie on selected days in the summer. One day for female athletes and another for male athletes.

If they cannot attend on the selected date for their gender, you must make arrangements to see your personal physician or go to a walk in clinic.

Physical form can be down loaded directly from the internet site at

[www.ihsaa.org](http://www.ihsaa.org)

Select School info

then click on forms

select School Physical in PDF format and print

Please take printed form to your physician

\*Note you may check New Prairie schedules at

[www.highschoolsports.net](http://www.highschoolsports.net)



**Consent for Medical Treatment**

New Prairie United School Corporation

5327 N. Cougar Road  
New Carlisle, IN 46552  
574-654-7273 or 219-778-2814

I, (We) \_\_\_\_\_ of  
Parent(s) or Legal Guardian(s)  
\_\_\_\_\_, do hereby state  
Address City State Zip Code

that I am (We are) the parent(s) or legal guardian(s) of \_\_\_\_\_,  
Student's name  
age \_\_\_\_\_, born \_\_\_\_\_, who resides with me (us).  
Month, day, year

I (We) authorize personnel employed by the New Prairie United School Corporation to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Indiana. This consent shall be valid for the duration of enrollment of the 2006-2007 school year.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Date Month Year

\_\_\_\_\_  
Signature of parent or legal guardian Signature of parent or legal guardian

Family physician \_\_\_\_\_ Office phone \_\_\_\_\_  
Medical Insurance Carrier \_\_\_\_\_  
Identification number \_\_\_\_\_  
Member's name \_\_\_\_\_  
Benefit code \_\_\_\_\_ Account number \_\_\_\_\_

Medical history (allergies, if any, including medication)  
\_\_\_\_\_  
\_\_\_\_\_

Medicines your child is currently taking  
\_\_\_\_\_  
\_\_\_\_\_

<b>Emergency Contact Information</b>	
<b>Name and Relationship</b>	<b>Contact Number</b>
★ Parent(s)/Legal guardian(s) →	
1.	
2.	
3.	

