

## GERONIMO STUDENT-ATHLETE & ACTIVITY INFORMATION

STUDENT NAME \_\_\_\_\_

GRADE (2015-2016) \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

- I have my own insurance and choose not to participate in the additional insurance plan.
- I do not have my own insurance and will be purchasing additional insurance at the website below.

<http://www.kandkinsurance.com/sites/K12Voluntary/Pages/Home.aspx>

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### CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET related to potential concussions and head injuries occurring during participation in athletics.

I, \_\_\_\_\_, as a student-athlete who participates in athletics and I, \_\_\_\_\_ as the parent/legal guardian, have read the information material provided to us by Geronimo Public Schools related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

\_\_\_\_\_  
SIGNATURE OF STUDENT-ATHLETE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

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### EARLY RELEASE (FOR HIGH SCHOOL STUDENTS ONLY)

I give my son/daughter \_\_\_\_\_ permission to leave school early (during athletic period) with the understanding that students are not allowed to go into any part of the school during that period.

\_\_\_\_\_  
SIGNATURE OF STUDENT-ATHLETE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

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### FIELD TRIPS, ACTIVITY TRIPS AND CONTESTS PERMISSION AND MEDICAL CONSENT FORM

**Pupil Agreement:** While participating in this and other school activities, I will accept responsibility for maintaining good conduct and I will follow directions of coaches or sponsors at all times.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

**Parent/Guardian Permission:** I give permission for \_\_\_\_\_ to participate in this and other future school activities and trips that may be scheduled by coaches or sponsors. I understand the school will provide supervision for trips. I also understand that no special insurance is provided by the School Board; however, the insurance required of athletics and the school-time accident insurance taken by many pupils will apply to this activity.

I hereby give consent for medical treatment deemed necessary by physicians designated by school authorities and/or for transportation to a hospital emergency room or treatment for any illness or injury resulting from his/her athletic participation. I understand that an attempt will be made to contact me in the most expeditious way possible. If unable to communicate with me, the treatment necessary for the best interest of the above named student may be given.

In the event that emergency arises during a practice session, an effort will be made to contact the parents or guardian as soon as possible. Permission is also granted to the coaching staff to provide the needed emergency treatment to the athlete prior to his/her admission to the medical facilities.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRIMARY PHONE

\_\_\_\_\_  
SECONDARY PHONE

\_\_\_\_\_  
NAME OF FAMILY PHYSICIAN

\_\_\_\_\_  
PHYSICIAN PHONE

**STUDENT EXTRACURRICULAR ACTIVITIES CONTRACT  
(FOR HIGH SCHOOL STUDENTS ONLY)**

**Statement of Purpose and Intent:**

Participation in school-sponsored extracurricular activities at the Geronimo School District is a privilege and not a right. Such privilege is governed by the district policy on Student Possessions or Use of Alcohol and Illegal Drugs and Participation in Extracurricular Activities. Alcohol and illegal drug use of any kind is incompatible with participation in extracurricular activities on behalf of the Geronimo Public Schools. Students who participate in these activities are respected by the student body and are expected to hold themselves as good examples of conduct, sportsmanship, and training. Accordingly, student participants in extracurricular activities carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of alcohol or illegal drugs.

**No student shall be allowed to practice or participate in any extracurricular activity unless the student has returned the properly signed Student Extracurricular Activities Contract.**

**Student's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

I understand, after reading the policy on Student Possession or Use of Alcohol and/or Illegal or Performance Enhancing Drugs, and Participation in Extracurricular Activities and this Student Extracurricular Activity contract, that, out of care for my safety and health, the Geronimo School District enforces the rules applying to the consumption or possession of alcohol and/or illegal or performance enhancing drugs. As a member of a Geronimo Public Schools Organization, I realize that the personal decisions that I make daily in regard to the consumption or possession of alcohol and/or illegal or performance enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of alcohol and/or illegal or performance enhancing drugs at any time during the school year, I understand, upon determination of that violation, I will be subject to the restrictions of my participation as outlined in the policy.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We have read and understand the policy on Student Possession or Use of Alcohol and/or Illegal or Performance Enhancing Drugs and participation in Extracurricular Activities and this Student Extracurricular Activities contract. We desire that the student named above participate in the extracurricular activity programs of the Geronimo Public Schools and we hereby agree to abide by all provisions of the policy.

**Signature of Parent / Custodial Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This contract remains valid throughout the student's participation in an activity/sport while enrolled at Geronimo High School.*