

**BILOXI PUBLIC SCHOOLS
ATHLETIC / EXTRA / CO-CURRICULAR ACTIVITY PARTICIPATION CLEARANCE**

I hereby give consent for my child, _____, to participate in any and all required activities pertaining to the Biloxi Public Schools' athletic and/or extra/co-curricular program(s) during the _____ school year. Please cross out the sport / activity you **do not** want your child to participate in:

**FOOTBALL GOLF BASEBALL SWIMMING BASKETBALL TENNIS TRACK VOLLEYBALL
SOFTBALL SOCCER POWER WEIGHT-LIFTING CROSS COUNTRY CHEER DANCE**

CLUB/ORGANIZATION: _____

I hereby acknowledge that health and accident insurance coverage is required for participation in all organized athletic and extra/co-curricular activities and further certify that my child is covered under the health and accident insurance program listed below. (Please list name and policy number.)

Insurance Company _____ Policy Number _____
(include a copy of the insurance card)

In addition, I assume any expenses for liability not covered by the above-required insurance policy for injury received by the above-named student while participating in activities authorized above and accept full responsibility for medical and hospital expenses and any other related expenses and do hereby hold harmless the Biloxi Public Schools and the Board of Education of the Biloxi Public School District, their agents or assigns, of responsibility for any such injury or expenses and waive any and all claims which may arise against them. I realize that participating in the organized activities involves the potential for injury which is inherent in all activities, sometimes severe enough to result in total disability, paralysis, or death.

I further understand that each student who participates in the secondary athletic and sports activity program(s) must be medically screened by a licensed physician. The school district will provide a medical screening, but I understand that this screening is not a complete medical examination. It 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/extra/co-curricular participation.

SUBSTANCE ABUSE TESTING POLICY PLEDGE/CONSENT/RELEASE

As a participant in extracurricular activities, co-curricular activities or the recipient of a privilege for which a permit is required (e.g. operating a motor vehicle on campus), I pledge to remain free of alcohol, tobacco, and illegal substances at all times. I understand that violation of the Biloxi Public School District Substance Abuse Testing Policy might result in my exclusion from extracurricular activities, co-curricular activities and privileges as determined by the administration of my school. I agree to submit to alcohol, tobacco, and drug testing at any time as a condition for my initial or continued participation in the above stated privileges and activities. This agreement includes random testing and reasonable suspicion testing. I authorize the testing agency, laboratory, or medical provider to release test results to the Biloxi Public School District and its Medical Review Officer. I authorize the Medical Review Officer to release final test results to the designated Biloxi Public School District official.

STUDENT PARTICIPATION IN INTERSCHOLASTIC ACTIVITIES

If a member shows a lack of self-discipline, has a poor attitude, or is not fulfilling his/her commitments to the extra/co-curricular program, he/she shall be suspended from participation in that activity.

If a member boycotts the team/group for any reason, he/she shall be suspended from participation in that particular activity/program and possibly any other activity/program for the remainder of the school year.

I understand that the student must comply with all written or oral directions given by the coach/director/sponsor or an assistant coach/director/sponsor.

**BILOXI PUBLIC SCHOOLS
STUDENT PARTICIPATION WAIVER FORM**

As a student in the Biloxi Public School District and an active participant in school-sponsored athletic/extra/co-curricular trips, I will abide by the following rules and regulations:

- 1) I have received in writing the rules and regulations concerning my participation in athletic/extra/co-curricular events.
- 2) I have completed and turned in to the proper authorities, **prior to any trips**, all required documents.
- 3) The use, possession or purchase of **any** alcoholic beverage, drugs or weapons will result in disciplinary action as established under the discipline program outlined in the student handbook.

Code of Conduct for Students

Level of Offenses

Discipline Response

Minor Offenses

Minor Offenses

Demonstrate inappropriate classroom behavior
Dress Inappropriately
Be late or miss practices or meetings

The following discipline response may be used:

Verbal correction
Assigned athletic duties or running
Sitting out game or games or activities
Parent conference

Major Offenses

Major Offenses

Deface or destroy school property
Fight
Steal
Forgery
Defy a coach or school authority
Cause disruption in school or on school bus
Leave school grounds or assigned area without permission
Use abusive language
Use alcoholic beverages
Use controlled substances
Smoking
Have a poor attitude
Display a lack of self-discipline
Boycott the team for any reason
Unexcused absence from game/performance

The following discipline response may be used:

Parent conference
Running (assigned by coach)
Sitting out a game or games or activities
Dismissal from program for a specified period
Dismissal from program on a permanent basis
Any other response deemed appropriate by the administration

These responses shall be in addition to those disciplinary measures set forth within the student handbook. In other words, a student who commits a major offense may also be subjected to suspension or expulsion.

I fully understand that a violation of these rules can result in disciplinary action as stated in the student handbook and as stated above.

My signature below attests that I have read, understand, and concur with the information on this form and agree to the terms thereof.

Date Signed

Signature of Parent or Legal Guardian

Date Signed

Signature of Student