

Extra-Curricular Registration Form

Name of Student _____

Date _____

Parent(s)/Guardian(s) _____

Phone numbers: Home _____

Home _____

Work _____

Work _____

Cell _____

Cell _____

Person(s) to call in an emergency:

Name _____

Phone number _____

Name _____

Phone number _____

Doctor _____

Phone number _____

Medical Insurance _____

Please list any known conditions that may affect your student during these activities (examples: asthma, diabetes, allergies, injuries...).

Activities that student has permission to participate in (check all that apply):

Football

Wrestling

Volleyball

Track

Cross Country

Golf

Boy's Basketball

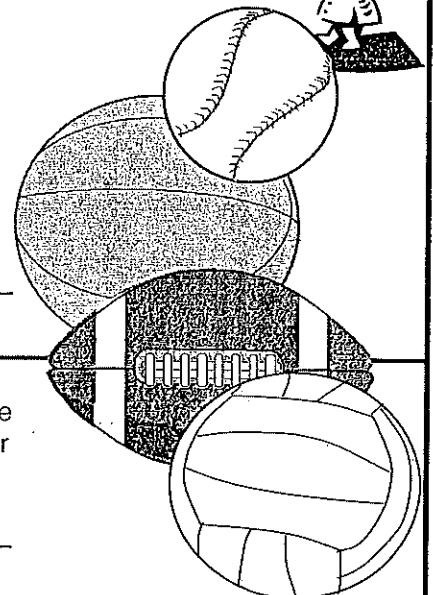
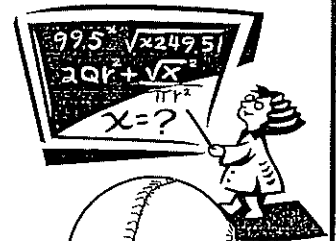
Drama

Girl's Basketball

Baseball

Softball

Other (band, choir, NHS,
Science/Math Olympiad,
Knowledge Bowl, etc.)



Signature of Parent/Guardian _____

Date _____

Due to budget constraints, on rare occasions, parents who have proof of insurance have driven team members to contests. Please sign below if you would allow your student to ride with a parent to a contest.

Signature of Parent/Guardian _____

Date _____

STUDENT DRUG-TESTING AUTHORIZATION FORM

I understand that my performance as an athlete and/or participant in extracurricular activities and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the Board policies, administrative regulations and rules of the Knappa School District.

I also authorize Knappa School District to conduct a test for drug use on a urine specimen which I provide. I also authorize the release of information concerning the results of such a test to the district and to my parent(s).

This shall be deemed a consent pursuant to the Family Educational Rights and Privacy Act for the release of the above information to the parties named above.

I have received a copy of this release. I have read and understand the district policy and administrative regulation.

Student Signature

Date

Parent Signature

Date