



ELKO COUNTY SCHOOL DISTRICT



ATHLETIC PACKET

Student Name

Parents: Please complete all information requested in this packet and insure that all requested areas for initials and signature are signed by both the student and parent.

AUTHORIZATION AND PARENT CHECK LIST

Parent	ECSD	Required completed documents and checks
		Parents Information
		Health Insurance Information
		Emergency Information
		Custody Statements (If applicable)
		Insurance Information
		NIAA Eligibility Form
		NIAA Health Form (Sophomores/Seniors/New Students)
		Parent / Legal Guardian And Student Acknowledgement
		Knee Brace Waiver (Football Only)
		Internet Release
		Notary Signature

Authorizing Signature	Date

LAST NAME		FIRST NAME	
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ELKO COUNTY SCHOOL DISTRICT * STUDENT ATHLETE PARTICIPATION FORM

PLEASE PRINT NEATLY IN INK

Check the box (YES) of sports interested in participation in:

Baseball	
Dance Team	
Softball	

Basketball	
Football	
Track	

Cheerleading	
Golf	
Volleyball	

Cross Country	
Soccer	
Wrestling	

Male		Female	
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Grade:	9 th		10 th		11 th		12 th	
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Age:		DOB:	
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PARENTS INFORMATION

Father's Name		Mother's Name				
Lives with:	Both Parents		Father Only		Mother Only	
Other: (Please list):						
Home Phone:		Work Phone:				
Cell Phone -Mom		Cell Phone - Dad				
Residence Address:						
Mailing Address:						
City:		State		Zip		
Parent/Guardian Employer:						
Address:						
Phone #:						

HEALTH INSURANCE

Health Insurance Company:			
Insurance Company Address:			
Policy Holder:		Policy Number:	
Relationship to Student:			

EMERGENCY INFORMATION

	Name/Address	Home Phone	Work Phone	Cell Phone
Father:				
Mother:				
Emergency Contact				
Physician Preference:				
Physician Address:				
Hospital Preference:				

PERMISSION TO TREAT

In the event that the above named student should need emergency treatment or attention while under the care of the athletic or school personnel, necessary treatment may be secured. The school shall not be held responsible for any debts incurred.

EMERGENCY TRANSPORTATION APPROVAL

This is to certify that I/we, the parents of the above named student give full permission to the High School coaches, trainers or administrators, at practice or at actual athletic events, in or out of town, to call an ambulance service or otherwise provide emergency transportation to a hospital for medical treatment. I/we understand that every effort will be made to contact parents immediately, but should there be difficulty, I/we will not hold the school or District representative(s) for any costs or liabilities associated with such actions.

Emergency Transportation by School is Permitted:		YES		NO	
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PARENT/GUARDIAN/STUDENT SIGNATURE

You signature on the bottom of the page indicates you have read, understand, and agree with all the information on this page and that, to the best of your knowledge, the information is complete and accurate.

(Parent/Guardian Signature)	Date	(Student Signature)
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LAST NAME		FIRST NAME	
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COACHES COPY
PLEASE PRINT NEATLY IN INK

Check the box (YES) of sports interested in participation in:

Baseball	
Dance Team	
Softball	

Basketball	
Football	
Track	

Cheerleading	
Golf	
Volleyball	

Cross Country	
Soccer	
Wrestling	

Male		Female	
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Grade:	9 th		10 th		11 th		12 th	
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Age:		DOB:	
------	--	------	--

PARENTS INFORMATION

Father's Name		Mother's Name	
Lives with:	Both Parents	Father Only	Mother Only
Other: (Please list):			
Home Phone:		Work Phone:	
Cell Phone -Mom		Cell Phone - Dad	
Residence Address:			
Mailing Address:			
City:	State	Zip	
Parent/Guardian Employer:			
Address:			
Phone #:			

HEALTH INSURANCE

Health Insurance Company:			
Insurance Company Address:			
Policy Holder:		Policy Number:	
Relationship to Student:		Allergies:	

EMERGENCY INFORMATION

	Name/Address	Home Phone	Work Phone	Cell Phone
Father:				
Mother:				
Emergency Contact				
Physician Preference:				
Physician Address:				
Hospital Preference:				

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Emergency Transportation by School is Permitted:		YES		NO
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PARENT/GUARDIAN/STUDENT SIGNATURE

You signature on the bottom of the page indicates you have read, understand, and agree with all the information on this page and that, to the best of your knowledge, the information is complete and accurate.

(Parent/Guardian Signature)	Date	(Student Signature)
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FORM B – NIAA PRE-PARTICIPATION HISTORY FORM

History

Date of Exam:

Name:		Sex:		Age:		DOB:		
Grade:	School:	Sport(s)						
Address:				Phone:				
Personal Physician:								
Emergency Contact:								
Relationship:				Phone: (H)			(W)	

**EXPLAIN "YES" ANSWER BELOW
CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWER TO.**

	QUESTION	YES	NO
1.	Do you have a chronic medical condition (asthma, diabetes, high blood pressure, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)?	<input type="checkbox"/>	<input type="checkbox"/>
5.	a.. Have you passed out or been dizzy during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Have you had chest pain (or pressure) with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Have you had excessive unexplained shortness of breath or fatigue with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Is there a family history of premature death or morbidity from cardiovascular disease in a relative younger than age 50?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Is there any history in your family of hypertrophic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
	f. Has a physician denied or restricted your participation in sports for any heart problem?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>
7.	a. Have you had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Have you been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Have you had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Have you had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS (CONT'D)						YES	NO	
10.	a. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example: knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?					<input type="checkbox"/>	<input type="checkbox"/>	
	b. Are you missing an eye, kidney, testicle or ovary?					<input type="checkbox"/>	<input type="checkbox"/>	
11.	a. Have you had any problems with your eyes or vision?					<input type="checkbox"/>	<input type="checkbox"/>	
	b. Do you wear glasses, contacts, or protective eyewear?					<input type="checkbox"/>	<input type="checkbox"/>	
12.	a. Have you had any problems with pain or swelling in muscles, tendons, bones, or joints?					<input type="checkbox"/>	<input type="checkbox"/>	
	b. If yes, check appropriate item and explain below.					<input type="checkbox"/>	<input type="checkbox"/>	
			Head		Elbow		Hip	
			Neck		Forearm		Thigh	
			Back		Wrist		Knee	
			Chest		Hand		Shin/Calf	
		Shoulder		Finger(s)		Ankle		
		Upper Arm		Foot		Toe(s)		
13.	Are you actively trying to gain or lose weight?					<input type="checkbox"/>	<input type="checkbox"/>	
14.	Would you like to talk to someone about stress, anger, depression, or other issues?					<input type="checkbox"/>	<input type="checkbox"/>	
15.	Record the dates of your most recent immunizations (shots) for:						<input type="checkbox"/>	<input type="checkbox"/>
			Tetanus			Measles		
			Hepatitis B			Chicken Pox		

FEMALES ONLY						Date/Number
16.	When was your first menstrual period?					<input type="text"/>
	When was your most recent menstrual period?					<input type="text"/>
	How much time do you usually have from the start of one period to the start of another?					<input type="text"/>
	How many periods have you had in the last year?					<input type="text"/>
	What was the longest time between periods in the last year?					<input type="text"/>
						<input type="text"/>

EXPLAIN "YES" ANSWERS HERE:	
QUESTION #	EXPLANATION

SIGNATURES (ATHLETE AND PARENT/GUARDIAN)		
I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.		
Signature of Athlete	Signature of Parent/Guardian	Date
Residency/Custody Statement and the Information		ATHLETIC REGULATIONS AGREEMENT AND ASSUMPTION OF RISK
Date entered _____ High School?		

Date entered 9 th Grade?	
Age: (When entered 9 th Grade)	

Please answer the following questions?

Is your son/daughter transferring from another school?	YES		NO	
If "Yes", name of school:				
Was your son/daughter or any member of your family recruited by any member of the faculty or coaching staff for the purpose of participation in athletics?	YES		NO	

Parent Initials	Student Initials	Explanation
		We understand that we must live in the attendance area of our school in order for our student to be eligible for athletics. Exceptions may be made for a continuing student with a zone variance.
		<i>We understand falsification of any portion of the Athletic Registration may result in permanent loss of athletic eligibility for the remaining years of this student's high school education as well as forfeiture of any events in which this student was a participant</i>
		<u>Forfeitures of games has a serious effect on all members of a team. Final standings are impacted and league, region and state championships may be lost</u>
		<i>We understand that student must reside with a parent/guardian in the attendance zone of this school as listed on the Athletic Handbook failure to do so is considered an attempt to circumvent residency policies and may result in loss of eligibility and forfeiture.</i>
		We understand that if we move to another attendance zone, we must entirely abandon our former residence in order for our student to be eligible for high school athletics in the new zone.
		<i>We understand that if someone other than a parent is a guardian, he/she must be court appointed by a judge in order for the student to be athletically eligible. Notarized guardianship and parent appointed guardianship are not accepted for athletic eligibility.</i>
		We understand that if a parent or guardian is married, separated or divorced, there must be court appointed custody given by a judge for their student to be eligible for athletics.

If student does not reside with parent, supply the following information:

1. How long has the student resided with this person?	
2. Is this person a court appointed legal guardian?	
If Yes, a certified copy of the court order is required.	

The administration of this high school recognizes most parents and students abide by athletic eligibility and residency policies. It is our intent to educate parents and students as well as protect those who follow the regulations. Your awareness of some of the more significant policies and assistance in maintaining an effective and respected athletic program will benefit everyone associated with the programs of our schools. As a result, the signatures below indicate that:

- I agree to the participation of the aforementioned student in the programs provided by this school. I consent to practice sessions and travel to and from the programs. I also agree to emergency treatment as deemed necessary by the program authorities.
- The terms hereof shall serve as a release and assumption of risk for me, my heirs, estate, executor, administrator, assignees, and for members of my family.
- I have read and understand the rules and regulations set forth in the Parent-Athlete Handbook and attest that to the best of my knowledge and ability I have conformed to all rules and regulations of the Nevada Interscholastic Activities, the Elko County School District and my High School. The signatures below also indicate that I have been read and understand the following items related to the Parent Athlete Handbook:
 - Rules and Regulations of Parents and Athletes
 - Insurance coverage and ImPact Concussion Management
 - NIAA Residency Regulations
 - NIAA Participation Regulations
 - Off – Season Sport/Conditioning
 - Additional Information
 - ECSD Eligibility Regulations to Represent the School
 - Contact Information

ELECTION NOT TO USE FOOTBALL KNEE BRACE AND RELEASE

	Acknowledges that football knee braces are thought by some to prevent injuries to player wearing the brace.
Parent Initials	Nevertheless , the undersigned elects against wearing of a football knee brace by the child AND,
	Releases Elko County School District coaches, volunteers, employees and all members of the Board of Trustees from all claims, suits, damages, and liability for injury for the Child as a result of not wearing a football knee brace.
Student Initials	

Your signature below indicates that you acknowledge that football, soccer, wrestling and pole vaulting are violent contact sports that involve even greater risk of injury than other sports.

NEVADA INTERSCHOLASTIC ACTIVITIES ASSOCIATION PARTICIPATION AGREEMENT

I hereby certify that I have read and understand the eligibility guidelines and make application for permission to participate in the interscholastic activities program, which is sponsored by Elko County School District and the Nevada Interscholastic Activities Association. I understand that participation in interscholastic activities is a privilege and not a right and therefore waive rights to any appeal. I understand that my signature is an acknowledgement and agreement to abide with NIAA regulation 2080.0304 sportsmanship, ethics, prohibited conduct and behavior. I understand that if I am ejected or involved in a fight or physical altercation, prior to, during or after a NIAA sanctioned event, I will be suspended for a minimum of the next scheduled contest without an appeal. I also understand that my involvement in a fight or physical altercation before, during or after a NIAA sanctioned event could result in a forfeiture of the game, contest or meet for my team.

NOTARY SIGNATURE AND STAMP

State of:	County of:
On (Date):	Year:
Parent(s) Name	
Personally appeared before me, to be the signer of the above document and he/she acknowledges that he/she signed it.	

PARENT/STUDENT SIGNATURE

Your signature on this page indicates you have read, understand and agree with all of the information contained within this page. Also, that to the best of your knowledge, the information contained within this document is complete and accurate.

Parent Signature	
Student Signature	
Date	

NIAA PRE-PARTICIPATION PHYSICAL EVALUATION

(Physical to be completed during an athlete's first and third year of participation)

Physical Examination

Date of Exam:

Name:						Date of Birth:							
Height		Weight		% Body Fat (Optional)		Pulse:		BP					
Vision:	R 20/		L 20/		Corrected	Yes		No		Pupils:	Equal		Unequal

<u>MEDICAL</u>	NORMAL /ABSENT	ABNORMAL FINDINGS	EXPLAIN	INITIALS
Appearance				
Eyes/Ears/Nose/Throat				
Lymph Nodes				
Lungs				
Abdomen				
Genitalia (Males Only)				
Skin				
<u>CARDIOVASCULAR</u>				
Murmur that Increases from Supine to Standing				
Systolic murmur Greater than II/VI				
Any Diastolic Murmur				
Radial & Femoral Pulses				
<u>MUSCULOSKELETAL</u>				
Neck				
Back				
Shoulder/Arm				
Elbow/Forearm				
Wrist/Hand				
Hip/Thigh				
Knee				
Leg/Ankle				
Foot				
Stigmata of Marfan's Syndrome				

CLEARANCE

CLEARED:	
Cleared after completing evaluation/rehabilitation for:	

NOT CLEARED FOR:		REASON:	
Recommendation			

PHYSICIAN SIGNATURE

Name of Physician (print/type)				Phone:	
Address:					
	Street	City	State		Zip

I _____ hereby certify that I am a licensed _____, qualified to perform NIAA Pre-Participation Evaluations, and that on the date set forth below, I performed all aspects of the NIAA Pre-Participation Evaluation on the above student. This student meets all physical examination requirements for participation in NIAA sanctioned sports.

Signature of Health Practitioner	Licenses Number	Office Phone Number	Date

FORM E – NIAA HEALTH QUESTIONNAIRE/INTERIM FORM FOR SOPHOMORES, SENIORS and NEW STUDENTS

This evaluation should be completed ONLY if you have a physical on file from last year.

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations. A positive response to any of the following questions requires a medical examination before activity can resume.

Name:		Age:		Grade:		Date:	
Address:			Phone:				
Sport:							
Date of Last Complete Sports Physical (PPE):				Where:			

SINCE YOUR LAST COMPLETE PREPARTICIPATION EXAM (PPE):

	QUESTION	YES	NO
1.	Have you had a medical illness or injury that required you to visit a physician and miss FIVE or more consecutive days of school or sports?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>
3.	a. Have you passed out or been dizzy during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Have you had chest pain (or pressure) with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Have you had excessive unexplained shortness of breath or fatigue with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Is there a family history of premature death or morbidity from cardiovascular disease in a relative younger than age 50?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Is there any history in your family of hypertrophic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
4.	a. Have you had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Have you been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Have you had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Have you had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you become sick from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you started requiring any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
8.	a. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS Continued

YES

NO

9.	Have you had any problems with sprains, dislocations, fractures, pain or swelling in the following muscles, tendons, bones, or joints that currently bother you?									
			Head			Elbow			Hip	
			Neck			Forearm			Thigh	
			Back			Wrist			Knee	
			Chest			Hand			Shin/Calf	
			Shoulder			Finger(s)			Ankle	
			Upper Arm			Foot			Toe(s)	

10.	Would you like to talk to a physician about your weight, about stress, anger, depression or any other issues?	<input type="checkbox"/>	<input type="checkbox"/>
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FEMALES ONLY

11.	If you have been having periods for one year or longer, have they become less regular?	<input type="checkbox"/>	<input type="checkbox"/>
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If you have answered YES to any of the above questions, please see your family physician for a complete physical

12.	Have you developed any new allergies (for example, to pollen, medicine, food, or stinging insects)? If so, please list:

SIGNATURES (ATHLETE AND PARENT/GUARDIAN)

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete	Signature of Parent/Guardian	Date

PARENT / LEGAL GUARDIAN AND STUDENT ACKNOWLEDGEMENT

NEVADA LAW

NRS 202.020 Purchase, consumption, or possession of alcoholic beverage by minor.

The Nevada Interscholastic Activities Association (NIAA) recognizes and understands that parents / guardians take the primary role in instilling values for their students. It is the goal of the NIAA to work cooperatively with parents to provide guidelines and programs that assist student athletes in making positive choices.

IMPORTANT – Please read the following information and acknowledge with your signature below.

1. We have read the NIAA Drug, Alcohol, and Tobacco Possession, Use and Abuse Penalties Policy and agree to abide by the Policy as written.
2. We realize that a video and Power point presentation regarding the Policy is available and We have either seen this presentation or agree to waive the requirement of viewing the presentation.
3. We understand that We are encouraged to notify our school's athletic administrator /director if our son / daughter violates this Policy and / or the laws of the state of Nevada. It would also be acceptable for our child to self-report any violation of this policy to our school's athletic administrator / director.
4. We understand that knowingly provided erroneous information during the course of an investigation of alleged violation of the policy will result in a one-calendar year suspension for all high school athletic activities.
5. We further acknowledge that once our son / daughter begins participation as a student athlete in high school athletics that this policy remains in effect for every etc.) This policy remains in effect regardless of whether our son / daughter is currently participating on a high school athletic team calendar school year during the course of their high school career and when he / she is directly involved in a school activity occurring at any time (summer leagues / camps.
6. We have also reviewed the following NRS 202.020, Purchase, Consumption or Possession of Alcoholic Beverage by Minor, and understand the laws of Nevada and how they pertain to our family.
7. We understand that although it is not technically against the law to use tobacco in the state of Nevada (NRS 202.2493 and 202.24935 prohibits anyone from supplying a person under the age of 18 with any kind of tobacco product), we realize it is against this policy and general school policy, and that scientific evidence demonstrates it is unhealthy and a detriment to athletic performance.
8. We understand that the use of steroids and other performances enhancing drugs are dangerous, illegal, provide only temporary gains and are a form of cheating other competitors.
9. Any person under 21 years of age who purchases any alcoholic beverage or any such person who consumes any alcoholic beverage in any saloon, resort or premises where spirituous, malt or fermented liquors or wines are sold is guilty of a misdemeanor.
10. Any person under 21 years of age who, for any reason, possesses any alcoholic beverage in public is guilty of a misdemeanor.
11. This section does not preclude a local government entity from enacting by ordinance an additional or broader restriction.
12. For the purpose of this section, possession "in public" includes possession:
 - a. On any street or highway;
 - b. In any place open to the public; and
 - c. In any private business establishment which is in effect open to the public
13. This term does not include:
 - a. Possession for an established religious purpose;
 - b. Possession in the presence of the person's parent, spouse or legal guardian who is 21 years of age or older
 - c. Possession in accordance with prescription issued by a person statutorily authorized to issue prescriptions;
 - d. Possession in private clubs or private establishments; or
 - e. The selling, handling, serving or transporting of alcoholic beverages by a person in the course of his lawful employment by a licensed manufacturer, wholesaler, or retailer of alcoholic beverages

Print Name	Print Name
Parent Signature "Mother" and Date	Parent Signature "Father" and Date
Student Signature and Date	Guardian Signature

ELKO COUNTY SCHOOL DISTRICT

STUDENT PERSONAL INFORMATION

INTERNET RELEASE

In continuing the process of creating web pages for individual classes, extra-curricular activities, and departments. The creators of these web pages would like to highlight student achievements on these web pages by including pictures of the students. District policy requires a signed release to publish student information and pictures. Please complete the following form to accommodate this policy requirement. If you object to having your student(s) pictures or information published on Elko County School District web pages please check the appropriate boxes. Thank you.

STUDENT NAME:	
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I (please print guardian name) _____ authorize Elko County School District to:
(check all that applies)

<input type="checkbox"/>	LEVEL 1 I give permission for the school to use my student's work, photo, and name together (such as with student of the month or other individual awards).
<input type="checkbox"/>	LEVEL 2 I give permission for the school to use my student's work, and name together (such as in an individual display of class work).
<input type="checkbox"/>	LEVEL 3 I give permission for the school to use my student's photo, and name together (such as with student of the month or other individual awards).
<input type="checkbox"/>	LEVEL 4 I give permission for the school to use my student's work <u>without</u> name (such as with class collection of work).
<input type="checkbox"/>	LEVEL 5 I give permission for the school to use my student's photo <u>without</u> name (such as field trip, activity, or classroom group).
<input type="checkbox"/>	LEVEL 6 I do <u>NOT</u> give permission for the school to use my student's picture, name or work on the website.

COMMENTS OR EXPLANATION

Student Signature:			
Parent/Guardian Signature:		Date:	

Please note that this form **does not** replace the Elko County School District Acceptable Use Policy or imply permission to use the Internet Services. Publication of this data is not required to use Internet Services.