

Melba Schools Activity Policy
Melba School District Insurance Waiver and Release
Participant's Name _____

Please sign this Exhibit to indicate you have read and understand the Melba Activities Policy (which includes the District Activities Illegal Drug and Alcohol Policy.) This policy will be in force when the undersigned student participant participates at Melba Junior High and High Schools. Our goal is to have the best and safest activities programs possible and for our student participants to become positive contributing members of society. Please return this sheet signed and dated. Please complete the Insurance Waiver and the Drug Testing Consent as well as the Medical Release Waiver. These forms will be kept by the Activities Director. We provide complete Activity Policies to new participants and they are available upon request for others.

Melba School District Insurance Waiver and Release

Please check one blank:

- _____ Our personal family insurance covers our child for the coming year.
- _____ Our child is not covered by insurance and we waive any and all claims against the District for any injury arising during any District Activity in which our child is participating.
- _____ We have purchased insurance through an independent carrier.

Drug Testing Consent Form

We, the undersigned student and parent/guardian, understand that much of the student's performance as a participant in the District Activities and the reputation of my school are dependent on the student's conduct as an individual. The student and parent/guardian therefore authorize the Melba School District to conduct random testing of urine samples that the student will supply. The purpose of which is to test for illegal drug or alcohol use. We also authorize the district to conduct searches of the student if based on a reasonable suspicion that the student has violated the law or the District Activities Policy. We also unconditionally authorize the release of information regarding test results and searches to the authorized personnel of the district to law enforcement if there is a second or third offense as defined by the policy. A copy of that policy is available on request.

By signing this form you are indicating that you understand the athletic policy requires certain conducts, that your child is covered by insurance or you have made other arrangements and that you agree to allow your child to be randomly drug tested during their activities season.

Student Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

MELBA HIGH SCHOOL EMERGENCY MEDICAL RELEASE WAIVER

I hereby certify that my daughter/son (name of player)

is in normal health with no known physical limitations and is capable of participating in Melba athletic programs. I understand that the use of Melba School District facilities is a privilege and that there are inherent risks while participating. **STUDENTS DO GET INJURED.** I agree that the Melba School District and those people involved in supervision will not be held responsible for any physical harm my child could incur while participating in or traveling to activities. Coaches can use this form in case of emergency to contact parents or physicians.

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

FAMILY DOCTOR _____ PHONE _____

EMERGENCY PHONE NUMBERS _____ CELL _____

MEDICAL INFORMATION:

HEART CONDITION OR DISEASE	YES	NO
DIABETES	YES	NO
CONVULSION DISORDER	YES	NO
ASTHMA	YES	NO
ALERGIC TO MEDICATION	YES	NO
ALERGIC TO INSECT STINGS	YES	NO

CURRENT MEDICATION _____

DATE OF LAST TETANUS SHOT _____

OTHER IMPORTANT INFORMATION _____

PARENT/GUARDIAN SIGNATURE _____

Date _____