

# Extracurricular and Athletic Handbook Form

West Prairie, Bushnell-Prairie City, Bushnell West Prairie Athletic Cooperative  
Handbook Acknowledgement

I acknowledge receiving and/or being provided electronic access to the "Extracurricular and Athletic Handbook" and understand the material therein.

\_\_\_\_\_  
Student Name Printed

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**BUSHNELL-PRAIRIE CITY SCHOOL DISTRICT #170**  
**Handbook Acknowledgement**

I acknowledge receiving and/or being provided electronic access to the “Extracurricular and Athletic Handbook” and understand the material therein.

\_\_\_\_\_  
Student Name Printed

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name Printed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**BUSHNELL-PRAIRIE CITY SCHOOL DISTRICT #170  
MEDICAL RELEASE FORM FOR CONSENT TO TREAT MINORS**

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Year in School:      6      7      8      9      10      11      12

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent/Guardian Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*My son/daughter/ward has my permission to practice and compete in the interscholastic program. By my signature below I/we hereby grant consent to any/all health care providers designated by Bushnell-Prairie City School District, to provide my child/ward with any necessary medical care as a result of any illness/injury.*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**BUSHNELL-PRAIRIE CITY SCHOOL DISTRICT #170  
DRUG TESTING POLICY  
CONSENT/AUTHORIZATION FORM**

I wish to try out for and/or participate in school sponsored interscholastic activities. I have read the Board of Education's Interscholastic Drug Testing Policy for Student Participants, and I understand the Board of Education's Policy and Procedures and agree to follow said Policy and Procedures, including being subjected to drug testing, as a condition of participation on interscholastic athletic teams, on cheerleading squads, on speech teams, on scholastic bowl teams, in music competitions, and in performing arts events. I understand that if I disobey the rules, I will be excluded from the opportunity to participate in these activities as provided in the Board of Education's Policy and Procedures.

\_\_\_\_\_

Student Participant

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Date

**BUSHNELL-PRAIRIE CITY SCHOOL DISTRICT #170  
SPORTSMANSHIP PLEDGE**

I \_\_\_\_\_ am the

parent/guardian of \_\_\_\_\_, I agree

to adhere to improving good Sportsmanship at all athletic events by following the

B-PC Sportsmanship Code.

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Date

**BUSHNELL-PRAIRIE CITY SCHOOL DISTRICT #170**  
**Insurance Statement and Liability Waiver**

\_\_\_\_\_  
Student Name – Please Print

\_\_\_\_\_  
Parent/Guardian Name – Please Print

I hereby state that my son/daughter/ward is covered by a health, accident, and hospitalization policy with \_\_\_\_\_ Insurance Company, Policy Number \_\_\_\_\_, which provides insurance coverage for my son/daughter for any injuries resulting from extra-curricular athletic activities, including but not limited to: football, basketball, baseball, track, softball, volleyball, intramurals, flag squad, and cheer/dance practices or games, whether or not under the direct supervision of professional school personnel. I assume responsibility for any injury and any expenses and medical costs that should arise from my son/daughter/ward being injured while participating in any of the above-mentioned activities.

I hereby release and fully discharge the Bushnell-Prairie City School District #170, its agents, employees, and officers, from any and all liability for injuries resulting from my son/daughter/ward participating in any of the above-mentioned activities.

I, the undersigned, have read this release and understand all its terms. I have executed it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Grade