

Name: _____ **Grade:** _____ **Sex (M/F)** _____
Home Address: _____, **City** _____ **Zip** _____
In case of emergency- Call: _____ **Tel. #-** _____

ACTIVITIES DEPARTMENT CONTRACT

I _____ (PARENT) have read and understand the information contained in the Elkhorn Activities Handbook, and the "Articles" listed previously, and will indicate my support by signing and returning this page to my son(s)/daughter(s) Head Coach, or the Activities Director's (A.D.) Office.

I _____ (STUDENT-ATHLETE) have read and understand the information contained in the Elkhorn Activities Handbook, and all "Articles" listed previously, and understand it is my responsibility to follow the information and guidelines contained in this handbook. I understand I must turn in this ACTIVITIES CONTRACT prior to beginning any practices, must have a current SCHOOL PHYSICAL on file in the Activities Office, and have paid for an ACTIVITY TICKET prior to being allowed to practice/play.

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (4) on the previous page, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) of the previous page, and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for [insert student name] to practice and compete for the Elkhorn High School in activities approved by the NSAA, except those crossed out below:

Baseball	Golf	Tennis	Play Production	Basketball	Swimming/Diving
Track	Football	Speech	Cross Country	Soccer	Volleyball
Music	Softball	Wrestling	Debate	Journalism	

ACTIVITIES DEPT. INFORMATION NEEDED

1. PLEASE COMPLETE THE INFORMATION BELOW:

_____ I shall participate in the Athletic Benefit Injury Plan as outlined by the school district.
 _____ I shall not participate in the Athletic Benefit Injury Plan and will assume all expenses for accidental injury.
 ***My son or daughter is covered by another policy, the name of the company is: _____

2. Students Riding-My son/daughter has permission to ride to practice/contests with _____ as the driver of the vehicle to/from practice/contests. I understand Article G above, and will not hold Elkhorn Schools liable.

3. Parents: Please list any specific medical problems that medical personnel should be made aware of:
 (PLEASE INCLUDE ANY INFORMATION INCLUDING ASTHMA OR ALLERGIES)

Student-Athlete: _____ **Birthdate:** _____
Date: _____ **Parent/Guardian:** _____

PARENTS & STUDENTS

Please staple your check for **\$30** at the bottom of this page and return to your son's/daughter's head coach. Please note: If your son/daughter qualifies for free/reduced lunch program they might be eligible for a fee waiver. In order to receive the waiver the parent/guardian must be approved for free/reduced lunch and complete both the **Student Fee Waiver Application** and the **Sharing Information with Other Programs** form. Forms may be obtained at each building from the secretary or at the district office.

***** PLEASE COMPLETE THE OTHER
 SIDE OF THIS FORM *****

ELKHORN PUBLIC SCHOOLS
Parent and Student Notification/Agreement Form
Illegal Steroid Use

Nebraska state law prohibits possessing, selling, dispensing, or administering a steroid in a manner not allowed by state law.

Nebraska state law also provides that the increase of muscle mass, strength, or weight; or the improvement of physical appearance or performance in any form of sport through use of a steroid is not a valid medical purpose.

Nebraska state law requires that only a medical doctor may prescribe a steroid for a person.

Any violation of state law concerning steroids is punishable by long-term suspension, exclusion, or mandatory reassignment. Please check your handbook for specific guidelines and consequences.

HEALTH CONSEQUENCES ASSOCIATED WITH ANABOLIC STEROID ABUSE
(Source: National Institute on Drug Abuse)

- *In boys and men*, reduced sperm production, shrinking of the testicles, impotence, difficulty or pain in urinating, baldness, and irreversible breast enlargement (gynecomastia).
- *In girls and women*, development of more masculine characteristics, such as decreased breast size, deepening of the voice, excessive growth of body hair, and loss of scalp hair.
- *In adolescents of both genders*, premature termination of the adolescent growth spurt, so that for the rest of their lives abusers remain shorter than they would have been without the drugs.
- *In males and females of all ages*, potentially fatal liver cysts and liver cancer; blood clotting; cholesterol changes, and hypertension, each of which can promote heart attack and stroke; and acne. Although not all scientists agree, some interpret available evidence to show that anabolic steroid abuse- particularly in high doses- promotes aggression that can manifest itself as fighting, physical and sexual abuse, armed robbery, property crimes such as burglary and vandalism. Upon stopping anabolic steroids, some abusers may experience symptoms of depressed mood, fatigue, restlessness, loss of appetite, insomnia, headache, muscle and joint pain, and the desire to take more anabolic steroids.
- *In injectors*, infections resulting from the use of shared needles or non-sterile equipment, including HIV/AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can develop at the injection site, causing pain and abscess.

Student Certification

I have read the above information and agree that a prerequisite of my participation in Elkhorn Public School athletic activities is that I refrain from illegal steroid use. As a prerequisite to participation, I agree that I will not use illegal steroids or other illegal performance-enhancing supplements. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by Elkhorn Public Schools.

Student Signature

Date

Parent/Guardian Certification

I have read the above information and agree that a prerequisite of my student's participation in Elkhorn Public School athletic activities is that my student refrains from illegal steroid use. I understand that failure to provide accurate and truthful information could subject the participant to penalties as determined by Elkhorn Public Schools.

Parent/Guardian Signature

Date