

# ATHLETIC PARTICIPATION CLEARANCE FORM



MISSISSIPPI HIGH SCHOOL ACTIVITIES ASSOCIATION, INC.  
P. O. BOX 127, CLINTON, MISSISSIPPI 39060  
FAX – 601-924-1725

I hereby give consent for my child, \_\_\_\_\_, to participate in the \_\_\_\_\_ School District's athletic program during the \_\_\_\_\_ school year.

I agree to abide by the rules and regulations of my school district and its governing body, the Mississippi High School Activities Association.

I hereby authorize and give permission for emergency medical treatment to be rendered for and on behalf of my child, \_\_\_\_\_, for any injury received while participating in any supervised school related sports activity. This authorization includes, but is not limited to, any treatment deemed necessary by certified personnel, physicians, hospital emergency room physicians and hospitals.

I hereby release the \_\_\_\_\_ School District and all school personnel for any and all liability associated with such necessary treatment.

I hereby acknowledge that health and accident insurance is recommended for participation in all organized athletic activities and further certify that my child is covered under the health and accident program listed below.

School day insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Other insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Name of agent: \_\_\_\_\_

The \_\_\_\_\_ School District does not pay any expense incurred for any accident involving a student on school property or participating in school activities and does not provide health or accident insurance for participants in athletic programs.

In addition, I assume any expenses for liability not covered by the above required insurance policy for injury received by the above named student while participating in sports and activities. I accept full responsibility for medical and hospital expenses and any other related expenses and do hereby hold harmless the \_\_\_\_\_ School District and the Board of Trustees, their agents or assignees, of responsibility for any such injury or expenses and waive any and all claims which may arise against them. I realize that participation in organized sports and activities involves the potential for injury, sometimes severe enough to result in total disability, paralysis, or death.

I give the Mississippi High School Activities Association and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes. In addition, I consent to the disclosure, by my child's/ward's school, to the MHSAA, upon its request, of all records relevant to his/her eligibility and participation including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness.

The Student Participation Clearance Form is required for all students to participate in MHSAA athletic and activity programs.

Parent/ Legal Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Date: \_\_\_\_\_ (valid 365 days from this date)