

DONIPHAN-TRUMBULL STUDENT/PARENT
EXTRA-CURRICULAR CONTRACT

Student's (Last Name) (First Name) (Middle Initial) (Date of Birth) (Grade)

- 1) I realize and agree that being able to participate in school sponsored activities at Doniphan-Trumbull School is a privilege and not a right.
- 2) I understand the following are basic policies of all Doniphan-Trumbull School Activities:
 - A student shall not use alcoholic beverages, tobacco, or drugs in any form, or be charged with M.I.P. (minor in possession) or be in a vehicle where alcohol is being consumed, or be found by school personnel drinking alcoholic beverages, using tobacco, or drugs.
 - A student shall not exhibit, generally speaking, overall misconduct at activities and school following the student code of conduct.
 - Failure to comply with any or all of the policies and other policies stated in the handbook will lead to suspension from all school activities. **The severity of suspension will be based on the individual violation.**
- 3) I have read the Student-Parent Activity Handbook of Doniphan-Trumbull School and understand it fully. I agree that I will abide by it and that the school and its coaches/sponsors will follow and enforce these guidelines as nearly as possible.

I further understand that it is my responsibility to do everything I can to support and encourage all the athletes, coaches, and administrators to carry out all the guidelines associated with Doniphan-Trumbull School and its athletic and activities programs.

I further understand that should there ever be a time whereby the school or I are not in accordance with these guidelines, I may request a conference with school personnel to discuss the matter further.
- 4) I have read the summary of the Eligibility rules published in this handbook and understand them fully. I realize that these requirements must be met before a student is eligible to participate for a member school of the Nebraska School Activities Association.
- 5) I hereby give my consent for the above named student to accompany any school activity of which he/she is a member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become necessary for the student in the course of such activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such activities or such travel.
- 6) I understand that the school carries no insurance of any kind to cover medical expenses incurred while participating and I will assume all such expenses personally.

(Parent/Guardian Signature)

(Date)

(Student Signature)

(Date)

****This form is due to the Athletic Director prior to the first game of the current year!!****