

**Parent / Student Release Form for Activities**

**Student ID # \_\_\_\_\_**

**This form along with the respective physical card must be on file before checking out equipment and/or starting practice.**

\_\_\_\_\_  
(Student Name) (Date of Birth) (Grade) (School Year)

PARENTS – PLEASE READ AND COMPLETE CAREFULLY

Fall Activity Participating in \_\_\_\_\_

Winter Activity Participating in \_\_\_\_\_

Spring Activity Participating in \_\_\_\_\_

1. By Participating in Organized Lexington High School Activities, I/we realize that such activity involves the potential for injury which is inherent in all activities. I/we acknowledge that even with the best coaching/sponsoring, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/we have read and understand this warning.

2. I/we hereby give my/our consent for the above named student to accompany any school group of which he/she is a member on any of its local and out of town trips.

3. I/we authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel or during the normal school day, if the parent/guardian cannot be contacted.

**I agree with the above statements and grant permission to administer anesthetic and/or emergency treatment as required to my son/daughter.**

\_\_\_\_\_  
**(Parent/Guardian Signature)** (Date)

PLEASE COMPLETE THE FOLLOWING INFORMATION (If #3 is signed)

Parents Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

If no answer, please phone in case of an emergency \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Hospitalization Insurance: (Type, Group and ID Number) \_\_\_\_\_

History of Diabetes or epilepsy: (Yes) (No) (Please list if Yes) \_\_\_\_\_

Allergy to Sulfa, Penicillin, etc. (Yes) (No) (Please list if Yes) \_\_\_\_\_

Allergy to Anesthetic (Yes) (No) (Yes) (No) \_\_\_\_\_

4a. I/we have read the policies concerning activities including those of the Nebraska School Activities Association (NSAA) and all policies for each of the separate activities of Lexington High School found in the Activities Guidelines and understand them fully I/we agree that my/our son/daughter will abide by these policies while he/she is involved in Activities of Lexington High School and that the school and its sponsors/coaches/teachers/administrators will follow these policies as nearly as possible.

I/we further understand that should there ever be a time whereby I/we have a question regarding these policies or if my/our son/daughter has not been in accordance with these policies, a conference may be requested with school personnel (principal, and/or coach/sponsor) to discuss the matter further. (Complete Due Process Procedure for NSAA policies are available from the principal's office.)

4b. I/we understand that the school carries no insurance of any kind to cover medical expenses incurred while participating in activities and/or while attending school and I/we assume all such expenses personally. (Note: Examine your insurance policies carefully to make sure they cover interscholastic athletic participation.)

4c. I/we give permission for any relevant health information of my child, necessary for educational planning and/or student safety, to be shared among appropriate school personnel who serve the student ( for example: nurses, teachers, coaches, or staff member administering medication.)

\_\_\_\_\_  
**(Parent/Guardian Signature)** (Date) **(Student Signature)** (Date)

# Invoice

#{Shipping Company}

Invoice # #{Invoice number}

Date: #{Submitted on}

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To

#{Company Name}

#{Email}

#{City}

Invoice for  
#{Company Name}

Payable to  
#{Shipping Company}

Description	Quantity	Price
#{Item #1}	#{Qty1}	#{Price1}
#{Item #2}	#{Qty2}	#{Price2}
#{Item #3}	#{Qty3}	#{Price3}

**Total: #{Total}**

#{Notes}