



Out of Season Consent & Emergency Information Form

Parent/ Guardian Permission to Participate: I hereby give permission for the below named student to engage in Fairbanks North Star Borough School District approved out-of-season activities as a representative of his/her school.

Parent/ Guardian Medical Consent: I hereby consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse, qualified athletic trainer, other qualified medical professional, or hospital in the event of an injury or illness. I hereby accept financial responsibility of the above student in the event of injury or illness. I hereby waive on behalf of myself and the above student any liability of the Fairbanks North Star Borough School District and its offices, agents, or employees for injuries sustained in the interscholastic program.

Parent/ Guardian and Student Rule Awareness Verification: I hereby consent to abiding by the Fairbanks North Star Borough School District regulations including those in the Student Activities Handbook, as well as the coach and school rules and regulations. The coach may add specific rules and regulations for his/her sport/activity. These rules and regulations will be presented verbally AND in written form.

Parent/ Guardian and Student Risk Awareness Verification: I understand and acknowledge that organized secondary athletics involve the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, 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.

Communicable Disease Risk Awareness Verification: I understand that participation in out of season activities creates risks for my student and those with whom she/he interacts of exposure, directly or indirectly, to communicable disease(s) including but not limited to the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, “COVID-19” and/or any mutation or variation thereof.

Hazing Awareness Pledge: I promise not to be involved in any hazing/ harassment incident, no matter how minor it may seem. I understand that I may be suspended or expelled from school for any incident as a result of my participation or being an idle witness.

Voluntary Participation Acknowledgement: I understand that participation in the out-of-season activities in no way commits or guarantees a position on any upcoming Interscholastic or Extracurricular sport. I acknowledge participation is completely voluntary and is not required by the school or coach.

Student Name	Contact Number	Parent Name	Contact Number
Student Signature	Date	Parent Signature	Date
Alternative Contact	Alternative Number		