



# Quitman Public Schools

## 20 /20 QUITMAN PUBLIC SCHOOLS ENROLLMENT FORM

TEACHER \_\_\_\_\_ GRADE \_\_\_\_\_

Student (first, middle, & last name) \_\_\_\_\_

Birthdate \_\_\_\_\_ SS Number \_\_\_\_\_ Student Cell Phone Number \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Hispanic/Latino Ethnicity: YES or NO

**RACE:** Please answer the following in accordance with standards issued by USDOE. Please select ONE primary race:  
\_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ White  
\_\_\_\_\_ Black/African American \_\_\_\_\_ Native Hawaiian or Pacific Islander

Primary language spoken at home: \_\_\_\_\_

Student physical address: Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Student mailing address (if different from physical): PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Guardian #1	Parent Guardian #2
Name:	Name:
Relationship to student:	Relationship to student:
Primary language spoken:	Primary language spoken:
Mailing address:	Mailing address:
Email address:	Email address:
Primary contact #:	Primary contact #:
Cell phone:	Cell phone:
Work phone:	Work phone:
Employer:	Employer:
Student resides primarily with this parent/guardian: _____	Student resides primarily with this parent/guardian: _____

Are there any **LEGAL** pick-up or correspondence restrictions concerning your child? YES / NO  
If YES, please explain and list names of person(s) below who are restricted from picking up or corresponding with your child.  
**(A copy of the court ordered restriction must be on file in the office):**

\_\_\_\_\_  
Student city of birth: \_\_\_\_\_ State of birth: \_\_\_\_\_

Resident County: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Emergency Contact Information (To be contacted in emergency if parents cannot be reached):

Name	Relationship to Child	Phone #

**STUDENT TRAVEL INFORMATION:**

Travel to school: \_\_\_\_\_

- \_\_\_\_\_ Bus
- \_\_\_\_\_ Drives Self
- \_\_\_\_\_ Parent/Guardian drives (includes walkers )
- \_\_\_\_\_ District Paid Transportation

Travel from school:

- \_\_\_\_\_ Bus
- \_\_\_\_\_ Drives Self
- \_\_\_\_\_ Parent/Guardian picks up (includes walkers)
- \_\_\_\_\_ District Paid Transportation

Is the student a dependent of an active duty or reserve member of a branch of the US Armed Services? Y or N \_\_\_\_\_

If YES, please indicate which branch of the US Armed Services \_\_\_\_\_

Is the student a twin, triplet, quadruplet, etc? \_\_\_\_\_ If so, please specify \_\_\_\_\_

Name of most recent school attended \_\_\_\_\_ Fax number \_\_\_\_\_

**Was the student in any special classes? \_\_\_\_\_ If YES, please circle: G/T(Gifted & Talented),**

**Resource (Special Education), 504, Self- Contained, Speech, other \_\_\_\_\_**

**Does the student have an IEP? \_\_\_\_\_**

Has the student ever been retained? \_\_\_\_\_ If YES, what grade? \_\_\_\_\_

Has the student ever been expelled or involved in an expulsion procedure? YES or NO

If YES, provide reason \_\_\_\_\_

Has the student ever been Homeschooled? \_\_\_\_\_ If YES, please provide dates of Homeschooling (begin & end) \_\_\_\_\_

Please list names of all persons living in the home including the student:

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (if applicable) \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (if applicable) \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (if applicable) \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (if applicable) \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (if applicable) \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (if applicable) \_\_\_\_\_

My signature indicates that all the information contained in this two page document is accurate.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Quitman Public Schools

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

*Please complete/update the following survey and return the form to your child's school.*

## DIGITAL EQUITY SURVEY

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1. Does this child have Internet Access at home?     Yes     No

2. If there is no Internet Access, what is the reason this child does NOT have internet Access?

Not Available

Other

Not Affordable

NA-Not Applicable

3. What type of Internet Access does this child have? (Select one of the following)

Residential Broadband

Dial-up

Cellular Network

Other

Hotspot

None

Community Provided Wi-Fi

Unknown

Satellite

4. Is the Internet Performance acceptable for learning activities? (Select one of the following)

Yes-experiences very few or no interruptions in learning activities caused by poor internet performance in the primary place of residence

Sometimes-regularly experiences interruptions in learning activities internet caused by poor internet performance in their primary place of residence

No-unable to complete learning activities due to poor internet performance in their primary place of residence

5. What type of device does this child use most often to complete learning activities away from school? (Select one of the following)

Desktop Computer

Smartphone

Laptop Computer

None

Tablet

Other

Chromebook

6. What is the source of this primary learning device?

District Provided

Personal

Other

7. What is the child's access to this primary learning device? (Select one of the following)

Shared

Not Shared

# Quitman High School Student/Parent Acknowledgement & Consolidated Permission Form

In an effort to consolidate forms, we are asking parents and students to acknowledge receipt and grant permission on this single form. Full text versions of all policies are available in the online handbook or by request. Please review items with your student and initial the following areas as they apply and sign and return this form to the school.

(Student)

(Grade)

(Date)

Parents and students please **READ, INITIAL/SIGN** each item below:

Parent                      Student

\_\_\_\_\_

## 2023-2024 STUDENT HANDBOOK AND DISCIPLINE POLICIES

Act 6-18-502 requires documentation of student and parent receipt of student discipline policies. We acknowledge that we have received the Quitman High School Handbook. We understand the district's policies and realize that the student must adhere to these and other policies, rules, and procedures included in the handbook. In the event that we are not entirely certain of other aspects of district policy, we will contact the principal for clarification.

Parent                      Student

\_\_\_\_\_

## 2023-2024 ELECTRONIC DEVICE AND INTERNET USAGE AGREEMENT

The Quitman School District agrees to allow the student identified above ("Student") to use the district's technology to access the Internet under the following terms and conditions which apply whether the access is through a District or student owned electronic device (as used in this Agreement, "electronic device" means anything that can be used to transmit or capture images, sound, or data). 1. Conditional Privilege: The Student's use of the district's access to the Internet is a privilege conditioned on the Student's abiding to this agreement. No student may use the district's access to the Internet whether through a District or student owned electronic device unless the Student and his/her parent or guardian have read and signed this agreement. 2. Acceptable Use: The Student agrees that he/she will use the District's Internet access for educational purposes only. In using the Internet, the Student agrees to obey all federal and state laws and regulations. The Student also agrees to abide by any Internet use rules instituted at the Student's school or class, whether those rules are written or oral. 5. Liability for debts: Students and their cosigners shall be liable for any and all costs (debts) incurred through the student's use of the computers or the Internet including penalties for copyright violations. 6. No Expectation of Privacy: The Student and parent/guardian signing below agree that if the Student uses the Internet through the District's access, that the Student waives any right to privacy the Student may have for such use. The Student and the parent/guardian agree that the district may monitor the Student's use of the District's Internet Access and may also examine all system activities the Student participates in, including but not limited to e-mail, voice, and video transmissions, to ensure proper use of the system. The District may share such transmissions with the Student's parents/guardians. 7. No Guarantees: The District will make good faith efforts to protect children from improper or harmful matter which may be on the Internet. At the same time, in signing this agreement, the parent and Student recognize that the District makes no guarantees about preventing improper access to such materials on the part of the Student.

Parent                      Student

\_\_\_\_\_

## 2023-2024 DRUG TESTING CONSENT

**Quitman School District Drug Testing Policy is mandatory for all students in extracurricular activities and optional for all other students. Please refer to board policy for drug testing policies and procedures.**

I understand that my performance as I participate and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by Quitman School District and the sponsors for the activities in which I participate. I also authorize the Quitman School District to conduct a test on a urine specimen which I provide to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such a test to the Quitman School District and my parents and/or guardian. This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

As a student: I understand that to participate in extracurricular activities in the Quitman School District, or exercise the privilege to drive/park on Quitman School District property, I will be subject to random drug testing described in this policy. I have read this policy and give consent to random drug testing administered by the testing agency hired by the Quitman School District. I agree that I am aware that if I do not give consent to be included in the random screening process I forfeit my ability to participate in extracurricular activities or drive/park my vehicle on Quitman School District property. I understand that this is a binding agreement while I am a student in the Quitman School District. As a parent/guardian/custodian of this student: I understand that my son/daughter/ward agrees to be included in the random drug testing process necessary to participate in extracurricular activities or drive/park a vehicle on Quitman School District property. I have read this policy and agree that my son/daughter/ward will comply with all stipulations set forth in this policy. I understand that this is a binding agreement while my son/daughter/ward is a student in the Quitman School District.

**2023-2024 PUBLICATION/PHOTO RELEASE**

I understand that from time to time, the school may wish to publish examples of student projects, photographs of students, and other work (this includes honor roll) in the newspaper or on the Internet. I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, diplomas and awards received, school productions, web sites, social media sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school or District to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments. I understand that without initialing the permission box, my child's name and photograph cannot and will not be included in any publications or presentations.

By signing below, I acknowledge that I have read and understand all stated policies at Quitman High School and the Quitman School District. Full text policies are available in the online version of the student handbook and available upon request. If you have any questions, please call the Quitman High School office at 501-589-2554

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**CORPORAL PUNISHMENT**

Act 6-18-505 authorizes the use of corporal punishment in a reasonable manner against any student for good cause in order to maintain discipline and order. However, if you object to corporal punishment, please be advised that other means of discipline will be utilized including suspension.

Please indicate your preference by checking and signing below:

**Yes**, Quitman High School may use corporal punishment \_\_\_\_\_

**No**, I do not want corporal punishment to be used \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent Signature \_\_\_\_\_

\*Signature does not guarantee a phone call to parents before corporal punishment is administered.

**Quitman Public School**

**HEALTH INFORMATION** (please answer all questions)

SCHOOL YEAR: \_\_\_\_\_

Name: \_\_\_\_\_ M F Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First) (MI)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Medicaid or AR Kids #: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Who does child live with? \_\_\_\_\_

Authorized Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Authorized Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Do you have health insurance? YES NO  
Does your child ride a bus? YES NO

Does student have a **current** medical diagnosis of any of the following conditions? Circle all that apply

- |                 |                        |                                     |
|-----------------|------------------------|-------------------------------------|
| ASTHMA          | ADD/ADHD               | WEAR CONTACTS/GLASSES               |
| DIABETES        | BLOOD DISORDER         | HEARING LOSS RIGHT LEFT HEARING AID |
| HEART CONDITION | CEREBRAL PALSY         | HIGH BLOOD PRESSURE SEIZURES        |
| KIDNEY DISORDER | OTHER (specify): _____ |                                     |

ALLERGIC TO: \_\_\_\_\_

What medication(s) is your child currently taking? \_\_\_\_\_

Do you authorize the use of: (Mark through any medication you many not want your child to receive)

Tylenol      Ibuprofen      Hydrocortisone Cream      Antibiotic Ointment      Tums

I acknowledge that the Quitman District, the Board of Directors, and School Employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent.

**I will notify the school of any change in address, phone number, emergency contact or my child's health status.** I understand that the above information may be released to appropriate School District employees and emergency personnel in order to facilitate health care for my child. I also understand that in the event of an emergency, EMS will treat and transport my child to the nearest hospital. The hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

**In compliance with the Family Education Rights and Privacy Act (FERPA) (20U.S.C. & 1232g; 34 CFR Part 99), I give permission for my child's personally identifiable information/student education records to be disclosed to Third Party Billing Vendor for the purpose of billing Medicaid and/or private insurance.**

**In compliance with the Family Education Right to Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) I give permission for my child to participate in the School Immunization Clinic. I understand that the appropriate Arkansas Department of Health consent forms will be provided for my consideration prior to the clinic.**

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_



## Arkansas Activities Association Sports Medicine Fact Sheet for Parents and Students

This document has been created by the Arkansas Activities Association Sports Medicine Advisory Committee. The committee's mission is to ensure Arkansas Activities Association member schools provide sound and consistent medical information to enhance the safety of their athletic programs. The AAA Sports Medicine Committee is committed to offering information and guidance to member schools on topics which impact the welfare of all those involved in interscholastic competition. The topics included in this fact sheet are: Exertional Heat Stroke, MRSA, Concussion, and Sudden Cardiac Arrest. The following pages contain important sports medicine information for parents and students. Please read the information and sign to acknowledge that you have received and reviewed the information.



### Arkansas Activities Association Exertional Heat Stroke Facts

#### WHAT IS EXERTIONAL HEAT STROKE

Heat stroke is a severe heat illness that occurs when a child's body creates more heat than it can release, due to the strain of exercising. This results in a rapid increase in core body temperature, which can lead to permanent disability or even death if left untreated.

#### WHAT ARE THE SIGNS AND SYMPTOMS OF HEAT STROKE

- Increase in core body temperature, usually above 104°F/40°C (rectal temperature)
- Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity.
- Nausea, vomiting, diarrhea
- Headache, dizziness or weakness
- Hot and wet or dry skin
- Increased heart rate, decreased blood pressure or fast breathing
- Dehydration
- Combativeness

#### TREATMENT

- Locate medical personnel immediately. Remove extra clothing or equipment. Begin aggressively whole-body cooling by immersing in tub of cold water. If a tub is not available, use alternative cooling methods such as cold water fans, ice or cold towels (replaced frequently), placed over as much of the body as possible
- Call emergency medical services for transport to nearest emergency medical facility.

#### WHEN SHOULD I PLAY AGAIN?

No one who has suffered heat stroke should be allowed to return until appropriate healthcare personnel approves and gives specific return to play instructions. Parents should work with medical professionals to rule out or treat any other conditions or illnesses that may cause continued problems with heat stroke. Return to physical activity should be done slowly, under the supervision of appropriate healthcare professionals.



## Arkansas Activities Association MRSA Facts

### WHAT IS MRSA

MRSA is methicillin-resistant *Staphylococcus aureus*, a potentially dangerous type of staph bacteria that is resistant to certain antibiotics and may cause skin and other infections. As with all regular staph infections, recognizing the signs and receiving treatment for MRSA skin infections in the early stages reduces the chances of the infection becoming severe. MRSA is spread by: having contact with another person's infections, sharing personal items such as towels or razors, that have touched infected skin, touching surfaces or items, such as used bandages, contaminated with MRSA.

### WHAT ARE THE SIGNS AND SYMPTOMS MRSA

Most staph skin infections, including MRSA, appear as a bump or infected area on the skin that may be:

- . Red
- Swollen
- Painful
- Warm to the touch
- Full of pus or other drainage
- Accompanied by fever.

### WHAT IF I SUSPECT MRSA SKIN INFECTION

Cover the area with a bandage and contact your healthcare professional. It is especially important to contact your healthcare professional if signs and symptoms of an MRSA skin infections are accompanied by fever.

### HOW ARE MRSA SKIN INFECTIONS TREATED

Treatment may include having a healthcare professional drain the infection and, in some cases, prescribe an antibiotic. Do not attempt to drain the infection yourself— doing so could worsen or spread it to others. If you are given an antibiotic, be sure to take all of the doses (even if the infection is getting better), unless your healthcare professional tells you to stop taking it.

### HOW CAN I PROTECT MY FAMILY FROM MRSA SKIN INFECTIONS

- Know the signs and symptoms
- Get treated early
- Keep cuts and scrapes clean
- Encourage good hygiene
- Clean hands regularly
- Discourage sharing personal items such as towels and razors.

### FOR MORE INFORMATION, PLEASE CALL

1 -800-CDC-INFO OR visit [www.cdc.gov/MRSA](http://www.cdc.gov/MRSA)





## Arkansas Activities Association Concussion Facts

### WHAT IS A CONCUSSION

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION

#### Observed By The Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory Problems
- Confusion
- Does not "feel right"

#### Observed By The Parent/Guardian, Coach, or Teammate

- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events after hit or fall
- Appears dazed or stunned

### WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

#### Athlete

- TELL YOUR COACH IMMEDIATELY
- Inform parents
- Seek medical attention
- Give your self time to recover

#### Parent / Guardian

- Seek medical attention
- Keep your child out of play
- Discuss play to return to play with coach
- Address academic needs

### WHERE CAN I FIND OUT MORE INFORMATION?

- Center for Disease Control - [www.cdc.gov/concussion/HeadUp/youth.html](http://www.cdc.gov/concussion/HeadUp/youth.html)
- NFHS Free Concussion Course - <http://nfhslearn.com/electiveDetail.aspx?courseID=15000>

### RETURN TO PLAY GUIDELINES

1. Remove immediately from activity when signs/symptoms are present.
2. Release from medical professional required for return (Neuropsychologist, MD,DO, Nurse Practitioner, Certified Athletic Trainer, or Physician Assistant)
3. Follow school district's return to play guidelines and protocol



## Arkansas Activities Association Sudden Cardiac Facts

### WHAT IS SUDDEN CARDIAC ARREST

Sudden cardiac arrest (SCA) is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. The information presented below is to provide you with the knowledge you need to help the coach keep your child safe at practices and games.

### WHAT ARE THE SIGNS AND SYMPTOMS OF SUDDEN CARDIAC ARREST

- Fainting or seizures during exercise
- Unexplained shortness of breath
- Chest pain
- Dizziness
- Racing heart beat
- Extreme fatigue

### GUIDELINES FOR REMOVAL OF A STUDENT FROM ACTIVITY

- Every coach and registered volunteer must receive training every three years on prevention of sudden cardiac death.
- Every athlete and parent must read and sign the AAA Sports Medicine Fact Sheet containing information on sudden cardiac arrest.
- Any athlete experiencing syncope (fainting), chest pains, shortness of breath that is out of proportion to their level of activity or an irregular heart rate should not return to practice or play until evaluated by an appropriate healthcare professional (MD, DO, APN, Certified Athletic Trainer).
- The referred athlete must be medically cleared by an appropriate healthcare professional prior to return to play/practice.

### SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached AAA Sports Medicine Fact Sheet for Athletes and Parents. I also acknowledge and I understand the risks of injuries associated with participation in school athletic activity.

Athlete Name: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Please complete for athletes only.



Student's Name: \_\_\_\_\_

## **Participant Agreement, Consent, Release, and Venue**

This form is valid for the \_\_\_\_\_ school year and must be on file at the school in which the student is enrolled prior to participation.

### **Part 1. Student Agreement, Consent, And Release (to be signed by student at the bottom)**

A. I know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and the Arkansas Activities Association (AAA) and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation and choose to accept such risks. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I also authorize physicians or other designated medical professionals associated with the AAA to review my individually identifiable health information for the purpose of determining my eligibility to participate in certain athletic events. I further authorize the disclosure of my individually identifiable health information by any physician performing such examination to appropriate AAA and/or school officials or other health care officials involved in determining eligibility for participation in athletic events. I hereby consent to the disclosure by my school to AAA, upon its request, and hereby grant AAA the right to review all records including my SSID number relevant to my athletic eligibility including, but not limited to, my official transcripts, and records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. This Consent includes granting AAA the right to review all records otherwise protected by the Family Educational Rights and Privacy Act and all official transcripts provided to my school from any school. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

### **Part 2. Parental Agreement, Consent, And Release (to be completed and signed by a parent(s) at the bottom; where divorced or separated, parent with legal custody must sign.)**

A. I hereby give consent for my child to participate in any AAA recognized or sanctioned sport EXCEPT for the following sport(s):

\_\_\_\_\_

B. I know of, and acknowledge that my child knows of, the risks involved in interscholastic athletic participation. I authorize emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the school. I further hereby authorize the use or disclosure of my child's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure, by my child's school, to the AAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child and further to use said child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

**Part 3. Litigation**

A. VENUE FOR ANY AND ALL LITIGATION AND ATTORNEY FEES. I agree that in the event I, or anyone acting on my child's behalf, files suit against AAA or any of its officers, directors, agents, or employees alleging any cause of action and seeking either legal or equitable relief impacting my child (individually) or my child's team participation in AAA contests, such action shall be filed in the Pulaski County, Arkansas, Circuit Court. I also agree that filing such action in the Pulaski County Circuit Court is both fair and reasonable.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND VENUE CLAUSE (Only one parent/legal primary custodian signature is required)**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Print: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_