POPLAR ACTIVITIES/ATHLETIC HANDBOOK SIGN-OFF
2026-2027 School Year

NON-DISCRIMINATION STATEMENT

Poplar Public Schools (School Districts 9 and 9B) provides equal educational opportunities to all students without regard to race, color, national origin, ancestry, sex, ethnicity, language barrier, religious belief, physical or mental handicap or disability, economic or social condition, actual or potential marital or parental status, or, in accordance with binding guidance from the Federal Office for Civil Rights regarding the scope of Title IX's prohibition against sex discrimination, gender identity, sexual orientation, or failure to conform to stereotypical notions of masculinity or femininity.
(School Board Policy 3210)

STATEMENT OF CONSENT AND AGREEMENT

I acknowledge that I have received and read the Poplar Schools Student Handbook, including the rules, regulations, and policies contained within it. I understand that the Student Handbook, School Board policies, and Montana High School Association (MHSA) regulations will be enforced regardless of whether a specific rule or regulation is included in the handbook.
By signing this document, I agree to follow and abide by these rules, policies, and regulations and will support and help enforce them to the best of my ability.

My signature also verifies that I have received, reviewed, or been given the opportunity to obtain copies of the following documents and that I understand and agree to comply with their provisions:

- Poplar Schools Student Activities/Athletic Handbook for the 2026–2027 School Year. I acknowledge that I have received or been given the opportunity to obtain a copy of the handbook. I have read and understand the policies and procedures outlined in the handbook and agree to follow and abide by all applicable policies and procedures.

_____
Name of Student

_____ _____
Parent Signature Date

_____ _____
Student Signature Date

PLEASE RETURN THIS SIGN-OFF SHEET TO YOUR COACH OR ATHLETIC DIRECTOR

POPLAR SCHOOL DISTRICT WAIVER/INSURANCE FORM

LAST NAME: _____ FIRST NAME: _____

POPLAR SCHOOL DISTRICT ATHLETIC WARNING STATEMENT & CONSENT TO PARTICIPATE

As an athlete / athletic parent in the PSD Athletic program, I / We understand that participation in any sport can be a dangerous activity involving ***MANY RISKS TO INJURY***. I / We further understand that there are serious risks including and not limited to brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete's general health and well-being. I / We understand that the dangers and risks of participating in sports also include the potentially high cost of medical care and impairment of the athlete's future ability to earn a living, to engage in other business, social and recreational activities, and generally enjoy life. Recognizing these risks, I / We consent to the participation of my / our son / daughter in the sports program offered by PSD. I / We also agree to comply with all rules, regulations, and recommendations of administrators, coaches, athletic trainers and doctors concerning injury prevention and care. I / We hereby grant consent to any and all health care providers designated by Poplar School District to provide my child any necessary medical care as a result of any injury / illness. I / We consent to participation in all sports that are offered by Poplar School District.

Signature of Parent / Guardian: _____

Signature of Student: _____

EMERGENCY INFORMATION

Parent / Guardian Name: _____ Contact Number: _____

Secondary Individual: _____ Contact Number: _____

HEALTH INSURANCE INFORMATION:

This MUST be completed. You must have insurance to participate. Also, please inform us of any changes in your insurance coverage during this school year.

Carrier: _____

Policy No.: _____

Group No.: _____

Expiration Date: _____

Policyholder's name: _____

MEDICAL HISTORY: List any allergies or medical conditions:

_____

_____

Drug Free Schools Program Consent and Release Form

I, _____ (student's name), have read the Drug Free schools information provided and agree to abide by the Poplar School Districts Drug Free Schools Program rules and regulations. I understand that I will not be penalized in any way for participating in this program.

_____ (student initials) I volunteer to submit to drug testing in accordance with the rules and regulations of the Drug Free Schools Program.

I do hereby give consent to the Poplar School District to collect a specimen from me, and I further give my consent to the Poplar School District to forward the sample(s) to the testing laboratory for its performance of appropriate tests thereon to identify the presence of drugs and then to transmit the results to the Poplar School Districts school nurse/administrations/athletic director.

I authorize the testing laboratory or PSD to release test results to the individual(s) in charge of adhering to the programs rules and regulations.

I also expressly authorize the Poplar School District to release any test-related information, including positive results as directed by my specific, written consent authorizing release of the information to an identified person.

I understand that refusal to submit to testing or a positive adulterated test result will be reported to the parent, administration, and/or athletic director.

Student Name: _____

Student Signature: _____

Parent Signature: _____ Date: _____

SUDDEN CARDIAC ARREST & CONCUSSION STATEMENT
For Parents & Student-athletes

Sudden Cardiac Arrest (HB 869): Schools are required to provide information regarding sudden cardiac arrest symptoms and warning signs to youth athletes and parents/legal guardians. A student removed from participation because of symptoms or warning signs of sudden cardiac arrest may not return until evaluated and provided written clearance by a licensed physician, physician assistant, or nurse practitioner. **Concussion (Dylan Steigers' Protection of Youth Athletes Act):** Schools are required to distribute information sheets informing and educating student-athletes and their parents of the nature and risk of concussion and head injury, including the risks of continuing to play after concussion or head injury. A student-athlete suspected of sustaining a concussion or head injury shall be removed from play at the time of injury and may not return until receiving written clearance from a licensed healthcare professional.

Both the student-athlete AND parent or legal guardian must initial each row and sign on next page. Return this completed form to the school before athletic participation begins.

Student-Athlete Name _____ School _____ Sport / Season _____

After reading the information sheets, I am aware of the following:	Student-Athlete Initials	Parent/Guardian Initials
Sudden cardiac arrest (SCA) is a life-threatening emergency that requires immediate action, including 911 activation and use of an AED when available.		
Warning signs that must be reported right away include collapse or fainting during or after exercise, chest pain with activity, unusual shortness of breath, racing or irregular heartbeat, or seizure-like activity after collapse.		
Important family history, including early cardiac death or known inherited heart conditions, should be shared by parents/guardians and discussed with an appropriate medical professional.		
I will report any warning sign, symptom, or episode that may be heart-related to a parent/guardian, coach, athletic trainer, or another responsible adult.		N/A
I understand that immediate action (Call 911, start CPR, use AED) can save a life.		
I understand an athlete may be removed from play if warning signs or symptoms of SCA are present.		
I understand that a student removed from participation because of symptoms or warning signs of SCA may not return until evaluated and provided written clearance by a licensed physician, physician assistant, or nurse practitioner.		
A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and perform in the classroom.		
A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.		
I will report symptoms (my own or a teammate's) to a coach, parent, or athletic trainer immediately and will not hide or play through them.		N/A
I understand that a concussion is a serious brain injury requiring removal from play and medical evaluation and clearance before return to participation.		
I (or my child) will not return to play in a game or practice if a hit to the head or body causes any concussion-related symptoms.		
After a concussion, the brain needs time to heal. I understand that athletes are much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away. Repeat concussions can cause serious and long-lasting problems.		

■ Blue rows = Sudden Cardiac Arrest (SCA) items ■ Red rows = Concussion items *N/A = Not applicable for that category*

SIGNATURES

STUDENT-ATHLETE

I acknowledge that I have received, read, and understood the Sudden Cardiac Arrest and Concussion information contained in this packet.

Print Name	Student-Athlete Signature	Date

PARENT / LEGAL GUARDIAN

I acknowledge that I have received, read, and understood the Sudden Cardiac Arrest and Concussion information in this packet, and have reviewed it with my student-athlete.

Print Name	Parent / Legal Guardian Signature	Date