



## CHANDLER UNIFIED SCHOOL DISTRICT ATHLETIC DEPARTMENT

### ***GUIDELINES FOR PARENT/GUARDIAN PURCHASED FOOTBALL HELMET/SHOULDER PADS***

In order for the Chandler Unified School District (CUSD) to permit your son/daughter to utilize an independently purchased adult helmet and/or shoulder pads, you must take the following steps:

1. Only new and unused helmets/shoulder pads purchased directly from the manufacturer or manufacturer authorized dealer will be permitted.
2. Each item must have the National Operating Committee on Standards for Athletic Equipment (NOCSAE) safety standards stamp (Helmets Only).
3. New and unused purchased items must be brought to the district vendor (currently Sunvalco) to get school approved/official colors applied. Cost is incurred by parent/guardian not school district.
  - a. Parents shall purchase replacement hardware packages when purchasing any new helmet.
4. Parent/guardian must bring item(s) along with purchase receipt and waiver to site Athletic Director (AD) for verification and donation to inventory.
5. The site AD must complete a CUSD Donation form which will be forwarded to the Athletic Department. The District AD will request the evaluation of the donation be placed on the Board Agenda for the next available Board meeting. The CUSD Governing Board will vote whether to approve the donation. **\*Equipment can NOT be used until officially accepted by CUSD Governing Board.**
6. Each donated item becomes property of CUSD and remains within CUSD inventory for its lifetime.
7. Each item will be earmarked for your son/daughter so long as the equipment meets current safety standards, properly fits him/her, and he/she is a member of the team.

#### **Acknowledgement of Helmet/Shoulder Pads Donation and Waiver of Liability**

As the Parent/Guardian of the athlete named below, I hereby agree to comply with the requirements set forth above and donate the independently purchased helmet and/or shoulder pads to CUSD. I further agree to release CUSD from any and all liability for any accidents, injuries or death to my child caused by or resulting from my child's use of the donated helmet and/or shoulder pads. I am entering into this Agreement freely and voluntarily, and I understand and acknowledge that the terms contained herein are and shall be binding on me, my heirs, assigns and legal representatives.

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

Name of School: \_\_\_\_\_

#### **Helmet**

☐ Brand: \_\_\_\_\_ ☐ Model: \_\_\_\_\_ NOCSAE Stamp: ☐ Yes ☐ No

Certification Date: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

#### **Shoulder Pads**

☐ Brand: \_\_\_\_\_ ☐ Model: \_\_\_\_\_

Certification Date: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

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

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Office Use Only:

Date Waiver Received: \_\_\_\_\_ Date Helmet/Shoulder Pads Received: \_\_\_\_\_

Date Approved by Governing Board: \_\_\_\_\_

Signature of Athletic Director: \_\_\_\_\_ Date: \_\_\_\_\_