

**RELEASE FOR USING NON-DISTRICT ISSUED HELMET**

The Conroe Independent School District provides NOCSAE (National Operating Committee for Standards on Athletic Equipment) certified helmets for all junior high and high school football players. The helmets are inspected annually and reconditioned at least once every three years. Helmets are retired after nine years of use.

The following guidelines must be met and verified by the head coach if a player provides his/her own football helmet. By initialing each item, the head coach verifies the helmet provided meets the District's standards. All standards must be met before a student will be allowed to use a helmet not purchased by the District.

\_\_\_\_\_ The helmet is NOCSAE certified.

\_\_\_\_\_ If the helmet is more than \_\_\_ years old, it was reconditioned by a NOCSAE approved vendor in the last \_\_\_ years.

\_\_\_\_\_ The helmet is \_\_\_ years old.

\_\_\_\_\_ The helmet fits according to manufacturer's recommendations.

\_\_\_\_\_ The helmet is appropriate for the skill level of the student.

\_\_\_\_\_ The helmet is the same color as the school issued equipment.

\_\_\_\_\_ Helmet purchase date \_\_\_\_\_

\_\_\_\_\_ Brand/Style \_\_\_\_\_ Serial Number \_\_\_\_\_

Date inspected by coach \_\_\_\_\_ Printed Name of Coach \_\_\_\_\_

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My signature below indicates that I elect for my child to use a helmet other than the helmet provided by the Conroe Independent School District. I hereby agree that as a parent and/or legal guardian waive, disclaim, and release the Conroe Independent School District, its trustees, employees, and representatives from and against any and all claims, costs, liabilities, expenses and judgments related in any way to any injury sustained by my child as a result of his / her use of a personal football helmet rather than the District-issued helmet. I agree to have my helmet recertified with a NOCSAE approved certification after three years of use. I understand that verification of this recertification must be provided to the head football coach of my school no later than the first day of practice in August.

Printed name of student \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*Original to campus athletic department/copy to district athletic director.*