

GILBERT PUBLIC SCHOOL DISTRICT
Athletic Department

Guidelines for Parent/Guardian Purchased Football Helmet/Shoulder Pads

In order for the Gilbert Public School District (GPS) 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.
3. New and unused purchased items must be brought to the district vendor to get school approved/official colors applied. Cost is incurred by parent/guardian and not by the school district.
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 GPS 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 GPS Governing Board will vote to whether approve the donation.
***Equipment can NOT be used until officially accepted by the GPS Governing Board.**
6. Each donated item becomes property of GPS and remains within GPS 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 GPS. I further agree to release GPS 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 to me, my heirs, assigns and legal representatives.

Athlete's Name: _____ Grade: _____

Name of School: _____

Helmet

Brand: _____ Model: _____ NOCSAE Stamp: Yes No

Certification Date: _____ Purchased Date: _____

Parent Signature: _____ Date: _____

Office Use Only:

Date waiver received: _____ Date helmet/shoulder pads received: _____

Date approved by Governing Board: _____

Signature of Athletic Director: _____ Date: _____