

LANCASTER MIDDLE SCHOOL/LANCASTER HIGH SCHOOL ATHLETIC/ACTIVITIES PERMISSION FORM

Student-Athlete's Name: _____ Grade: _____

PARENTAL CONSENT

As the parent of this student-athlete, I have read the rules and policies set forth for athletic participation at Lancaster Middle School/Lancaster High School and give my child permission to participate under these conditions. I will do my part to aid the coach in seeing that my child follows these rules and regulations. I also give permission to the attending physicians to provide first aid and emergency treatment to my student-athlete should they require such assistance if parents/guardians/emergency contacts cannot be reached.

STUDENT-ATHLETE'S PLEDGE

I agree to abide by all the rules and regulations set forth in the pages of the Athletic/Activity Code and by my coach. I agree to pay for any and all of my equipment which I happen to lose, misplace or damage through carelessness or intent. I further agree to assume full responsibility for all equipment issued to me and to confine the use of that equipment to practice, games or meets.

PARENTAL CONCUSSION ACKNOWLEDGMENT/AGREEMENT

I have read the WIAA Concussion Policy and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms and behaviors. I agree my child must be removed from practice/play if a concussion is suspected. I understand it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand my child cannot return to practice/play until providing written clearance from an appropriate health care provider to their coach. I understand the possible consequences of my child returning to practice/play too soon.

STUDENT-ATHLETE CONCUSSION ACKNOWLEDGMENT/AGREEMENT

I have read the WIAA Concussion Policy and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardians. I understand I must be removed from practice/play if a concussion is suspected. I understand I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequences of returning to practice/play too soon and that my brain needs time to heal.

ATHLETIC/ACTIVITY CODE

I certify I have read, understand and agree to abide by all of the rules/regulations in the Athletic Activity Code.

SUDDEN CARDIAC ARREST ACKNOWLEDGMENT/AGREEMENT

I have read the Sudden Cardiac Arrest information provided by the WIAA, understand what Sudden Cardiac Arrest is and how it may be caused. I also understand the common signs and symptoms.

WIAA PARENT/STUDENT-ATHLETE RULES OF ELIGIBILITY SIGN-OFF

I certify I have read, understand and agree to abide by all the information contained in the Athletic Eligibility Information Bulletin. I further certify if I have not understood any information contained in the Bulletin, I have sought and received an explanation of the information prior to signing this statement.

Parent/Guardian Signature

Date

Student-Athlete Signature

Date