



# EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

## ATHLETIC REQUIREMENTS AND ACKNOWLEDGEMENT OF CODE/POLICIES

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Last Physical: \_\_\_\_\_

*A copy of the physical is required to be on file.*

### ATHLETIC REQUIREMENTS

#### HIGH SCHOOL

The following are required to receive a **practice permit** from the main office:

- **Physical/Alternate year card:** Physical exams taken after April 1 are valid for the following two school years; physical exams taken before April 1 are valid for the remainder of that school year and following school year. Parents can check Family Access or with the school office for last physical on record. Physical forms are available online - District > About Us > Forms or in the school offices.
- **Signed acknowledgement of code/policies below**
- **Athletic fee paid:** \$60/sport - contact the athletic director to make payment arrangements if a hardship exists.
- **Attend a Life of an Athlete presentation**
- **Concussion policy acknowledgement**
- **Practice permit card turned into coach on the first day of try-outs/practice (see above)**

#### MIDDLE SCHOOL

- **Physical card:** All students participating in a sport must have a physical exam form on file. Physical examinations are valid for two years. Parents can check Family Access or with the school office for last physical on record. Physical forms are available online - District > About Us > Forms or in the school offices.
- **Signed acknowledgement of code/policies below**
- **Athletic fee paid:** \$30/sport - contact the athletic director to make payment arrangements if a hardship exists.

### ALL PARENTS/GUARDIANS AND ATHLETES - Please read and review the following information carefully.

**Athletic Code of Conduct:** I am aware that I can find the Athletic Code of Conduct at [www.easttroy.k12.wi.us/District/Athletics](http://www.easttroy.k12.wi.us/District/Athletics) or I can request a printed copy from the school office. I understand and agree that my child is given the privilege to participate and I will review the contents of the Athletic Code of Conduct with my child.

**Training and Medical Assistance:** I hereby authorize the employed or contracted staff of the school to provide athletic training services to my child and to secure medical assistance on behalf of my child. I further authorize these individuals to discuss my child's medical condition with other health care personnel, which the School deems appropriate. To the fullest extent permitted by law, I do indemnify and hold harmless the Department, entities, and other persons who act in reliance upon this authorization.

**Medical Treatment:** Pursuant to HIPAA, I authorize health care providers, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice to disclose/exchange essential medical information regarding the injury and treatment of my child to appropriate school district personnel, for purposes of treatment, emergency care and injury record-keeping. It is recommended that information regarding your child's allergies and prescribed medication be made available.

**Insurance Coverage:** I do hereby acknowledge that the East Troy Community School District has given notice that the district does not carry insurance coverage for students and that we hold the school harmless in the event of an injury to our child. It is strongly recommended that students who participate in athletics obtain health insurance coverage.

**\*WIAA Eligibility:** I am aware that I can find the WI Interscholastic Athletic Association Eligibility Information Bulletin at [www.wiaawi.org/Schools/Eligibility Rules & Forms](http://www.wiaawi.org/Schools/EligibilityRules%20&%20Forms) or I can request a printed copy from the school office. I understand and agree to abide by all of the information contained in this bulletin and I will review the contents of this bulletin with my child.

**\*Life of an Athlete:** I am aware that my child and I, as parent/guardian, must have attended a mandatory Life of an Athlete presentation and signed the Code of Conduct Contract and Concussion Form prior to getting a practice permit.

**\*Prior Injury/Illness:** I attest to the fact that my child has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year. If there is any question that your child may not be qualified for athletic competition without, at least, a partial reevaluation, contact your medical advisor before signing.

**\*School Equipment:** I agree that my child is responsible for all equipment issued to him/her, and to pay for any items which are lost or damaged.

**\*Concussion Policy:** As a parent, I am aware that it is important to recognize and respond to the signs, symptoms, and behaviors of a concussion or head injury. I understand that I can find the WIAA Concussion Policy online at <http://www.wiaawi.org/Health/Concussions> or I can request a printed copy from the school office.

- I understand and agree that my child must be removed from practice/play if a concussion is suspected.
- I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.
- I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.
- I understand the possible consequences of my child returning to practice/play too soon.

*\*High school only*

### PARENT/GUARDIAN SIGNATURE

By signing this form, you and your child understand and agree to abide by all of the information contained on this form and within the links provided. You and your child agree to all statements given above and you hereby give permission for your child to practice and compete and represent the school in \*WIAA and/or East Troy High/Middle School approved sports. You further certify that if you do not understand any information contained in this document, it is your responsibility to seek out and receive an explanation of the information prior to your child participating.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_