

LAST _____ FIRST _____ Meeting Requirement Met YES _____ NO _____

(PRINT ATHLETES NAME)

PARENT - ATHLETE RULES OF ELIGIBILITY, CODE AGREEMENT, AKNOWLEDGEMENT OF RISK AND EQUIPMENT RESPONSIBILITY SIGN-OFF FORM
2023-2024

I certify that I have read, understand, and agree to abide by all of the information contained in this WIAA bulletin. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement. I agree to assume full responsibility for all school equipment issued to athlete and confine its use to practices, games or contests. I agree to pay for any and all school issued equipment which I may lose, misplace, or damage through carelessness or intent.

PARENT/GUARDIAN COMMITMENT

As the parent/guardian of this athlete, I have read and fully understand the rules and regulations of the Dodgeland Athletic Handbook and will help and encourage my child to honor the Code on a continuing twelve month basis.

I have been informed of the possibility of injury while participating in athletic activities. I realize that an injury may be minor, catastrophic, or fatal in nature. I assume that the risk of my child's participation in athletic activities is one that I am knowledgeable of him/her taking because I have been informed of possible consequences. I also understand that the injury requiring medical assistance that my child sustains during participation is my financial responsibility as a parent/guardian. The Dodgeland School District does not carry student medical/hospitalization insurance for any of its students. It is my responsibility to financially provide proper medical coverage. I have completed & submitted the Athletic Permit & Liability Waiver regarding medical insurance/financial responsibility for medical expenses related to athletic injuries.

My signature indicates permission for my child's participation in Dodgeland Athletics.

Print Parent/Guardian's Name Parent/Guardian's Signature Date

STUDENT ATHLETE COMMITMENT

I have read and fully understand the rules and regulations of the Dodgeland Athletic Handbook. My participation in athletics is a privilege and not a right. I acknowledge that as a participant representing the Dodgeland Schools, I serve as a role model for all students in the district. Having recognized this, I pledge to honor the Code during my enrollment at Dodgeland and realize that the Code is in effect for all twelve months of the year.

I have been informed of the possibility of injury while participating in athletic activities. I realize that an injury may be minor, catastrophic, or fatal in nature. I assume that the risk of participation in athletic activities is one that I am knowledgeable of taking because I have been informed of possible consequences.

I will participate in (check all that apply):

- [] Baseball [] Basketball [] Cross Country [] Football [] Hockey
[] Soccer [] Softball. [] Track & Field [] Volleyball [] Wrestling

Student Athlete's Signature Date

The front and back of this form must be completed and submitted to the Athletic Director prior to a student being declared eligible to practice and compete.

Wisconsin Department of Instruction/ WIAA/ State of Wisconsin Concussion Form

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

DPI/ WIAA PARENT AGREEMENT:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms and behaviors. I 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.

Parent/Guardian Signature _____ Date _____

DPI/WIAA ATHLETE AGREEMENT:

I _____ have **read** the Athlete Concussion and Head Injury Information 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/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____

PARENT-ATHLETE RULES OF ELIGIBILITY SIGN-OFF 2023-2024

I certify that I have read, understand, and agree to abide by all of the information contained in the WIAA bulletin, 2023-2024 HIGH SCHOOL ATHLETIC ELIGIBILITY INFORMATION BULLETIN. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

School Name: _____ **DODGELAND** _____

Parent /Guardian's Printed Name _____

Parent / Guardian's Signature _____ Date _____

Student-Athlete's Printed Name _____

Student-Athlete's Signature _____ Date _____

This form must be completed and submitted to the Athletic Director prior to a student being declared eligible to practice and compete.