**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**

**2024-2025**

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 much 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 2024-2023**

**I certify that I have read, understand, and agree to abide by all of the information contained in the WIAA bulletin, 2024-2025 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.**