

CEDAR GROVE-BELGIUM HS ATHLETIC / CO-CURRICULAR PARTICIPATION FORM

(All students must have this form on file at school prior to the first practice.)

2021-2022

PART 1 - MUST BE FILLED OUT COMPLETELY EVERY YEAR

Student Name: _____ D.O.B. _____ Activity: _____ Grade: _____

Parent/Guardians: _____ Phone: _____

Student's Primary Address: _____

Parents' Place of Employment: _____

Family Physician: _____ Family Dentist: _____

Health Insurance Carrier: _____ Phone Number: _____

Primary Insured Name: _____ Policy Number: _____

PERMISSION TO PARTICIPATE:

- I hereby give permission for the above named student to practice, compete and represent Cedar Grove-Belgium High School in co-curricular activities. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.

RESPONSIBILITY TO RETURN ALL SCHOOL-ISSUED EQUIPMENT AND UNIFORMS:

- I agree to be financially responsible for the return of all equipment and uniforms issued to the above student and agree to reimburse the school for the replacement value of lost/stolen/damaged uniforms and/or equipment. I understand that any failure to reimburse may affect the student's extracurricular eligibility.

PERMISSION FOR EMERGENCY MEDICAL CARE

- I grant permission for the above student, in case of injury during participation, to be given emergency attention/care by the athletic trainer, team physician, or any other physician present and to be conveyed to an emergency medical facility if needed. I understand that all costs associated with such treatment will be the responsibility of the parents/guardians, and that the Cedar Grove-Belgium Schools will assume no liability for the costs.

INFORMED CONSENT

- I understand that illness or injuries could occur as a result of participation, and that these injuries could include minor injuries. I understand that it is also possible that a catastrophic injury could result in paralysis or death due to co-curricular participation.

RECEIPT OF CONCUSSION EDUCATION, RESPONSIBILITY TO REPORT, AND WIAA ELIGIBILITY BULLETIN:

- By signing, we agree that we have read and understand the Wisconsin Fact Sheet for Athletes, the Wisconsin Fact Sheet for Parents, and the WIAA High School Athletic Eligibility Information Bulletin and agree to abide with all information contained in these documents.

PARENT-STUDENT CO-CURRICULAR CODE OF CONDUCT:

-By signing this form, we are attesting to the fact that we have read, understood and will abide by the rules and regulations set forth in the Cedar Grove-Belgium High School Co-Curricular Code of Conduct.

Parent/Guardian Signature

Date

Student Signature

Date

Part 2 - MUST BE FILLED OUT BY PHYSICIAN WHEN PHYSICAL NEEDED - ATHLETES ONLY

Physical examination taken April 1 and thereafter is valid for the following two school years.

Physical examination taken before April 1 is valid only the remainder of that school year and the following school year.

The above student-athlete has been examined and may participate in interscholastic athletics. Any exceptions are listed:

Other medical information: _____

Name of Physician (Print/Type): _____ Physician's Phone Number: _____

Physician's Group and Address: _____

Signature of Licensed Physician: _____ Date of Exam: _____