

MINERAL POINT HIGH SCHOOL ATHLETIC PERMISSION FORM

Student Name: _____ Grade: _____

Permission to Participate

As the parent/guardian of this athlete, I hereby give permission for the above named student to practice, compete and represent the school in WIAA regulated interscholastic athletics except any restrictions as noted on the current physical examination as completed by a licensed Physician, Physician's Assistant (PA) or Advanced Practice Nurse Prescriber (APNP).

Responsibility to Return All School/Issued Uniforms/Equipment

I agree to be financially responsible for the return of all athletic uniforms/equipment issued to me. I further agree to confine the use of that equipment to practice, games or meets. I understand that my child is responsible for any uniform/equipment that is issued to them, and agree to reimburse the school the actual replacement value of the uniform/equipment in the event they are lost or stolen. I understand that failure to reimburse the school in a timely fashion could affect my child's athletic eligibility.

Informed Consent and Permission for Emergency Medical Care/Transport

I grant permission for my child, named above, in case of injury as a result of athletic participation, to be given emergency attention/care by the Athletic Trainer, Team Physician and/or any other Physician present. I also grant permission for my child to be transported to an emergency medical facility if needed. I understand that all medical costs that could occur of such transport and treatment are the sole responsibility of the parents/guardians. I also understand the Mineral Point School District will assume no liability for the cost of the transport and/or treatment.

Insurance Waiver

The Mineral Point School District no longer offers athletic insurance coverage. I certify that I have adequate insurance coverage on the above-named student to cover medical expenses in the event of an athletic-related accident or injury.

Athlete Concussion Acknowledgement/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/guardians. 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 and/or athletic director before returning to practice/play. I understand the possible consequence of returning to practice/play to soon and that my brain needs time to heal.

Parent/Guardian Concussion Acknowledgement/Agreement

I have **READ** the Athlete Concussion and Head Injury Information and **UNDERSTAND** what a concussion is and how it is 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 and/or athletic director. I understand the possible consequences of my child returning to practice/play to soon.

WIAA Parent/Athlete Rules of Eligibility and MPHS Athletic/Activity Handbook Sign-Off 2017-18

I have read, understand, and agree to abide by the rules/regulations and information contained in the 2017-18 Mineral Point High School Athletic/Activity Handbook and by the coaches. I further certify that if I have not understood any information contained in the handbook, I have sought and received an explanation of the information prior to signing this form.

Parent/Guardian Signature Date

Student/Athlete Signature Date