

MINERAL POINT MIDDLE SCHOOL/ 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 result of athletic participation, to be given emergency attention/care by 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 arise from 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 Acknowledge/Agreement and Statement of Student/Athlete Responsibility

I have **READ** and **Understand** the Student/Athlete Concussion and Head Injury Information. I understand what a concussion is and how it may be caused. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) website. I also understand the common signs, symptoms, and behaviors. 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 be evaluated by an appropriate health care provider and provide my coach written clearance to participate in the activity from the health care provider before I may return to practice/play. I understand that after a head injury my brain needs time to heal and that it may not heal properly if I return to practice/play too soon.

Athlete Sudden Cardiac Arrest Acknowledgement/Agreement and Statement of Student/Athlete Responsibility

I have **READ** and **UNDERSTAND** the Student/Athlete Sudden Cardiac Arrest Information. I understand that I should stop activity/exercise immediately if I have any warning signs of sudden cardiac arrest and report the symptoms to my coaches and my parents/guardians.

Parent/Guardian Concussion Acknowledgement/Agreement

I have **READ** and **UNDERSTAND** the DPI's Parent Concussion and Head Injury Information. I understand what a concussion is and how it is caused. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) website. 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 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 too soon. I understand concussions can have a serious effect on a young, developing brain and needs to be addressed correctly.

Assumption of Risk and Waiver of Liability Relating to Coronavirus/Covid-19

I have **READ** and **UNDERSTAND** the Assumption of Risk and Waiver of Liability Relating to Coronavirus/Covid-19.

WIAA Parent/Athlete Rules of Eligibility and Mineral Point Athletic/Activity Handbook Sign-Off

I have read, understand, and agree to abide by the rules/regulations and information contained in Mineral Point Athletic/Activity Handbook and by the coaches. I further certify that I have not understood any information contained in the handbook, I have sought and received an explanation from either the athletic director or principal of the information prior to signing this form.

Parent/Guardian Signature Date

Student/Athlete Signature Date