

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ Meeting Requirement Met YES \_\_\_\_\_ NO \_\_\_\_\_

(PRINT ATHLETES NAME)

## PARENT - ATHLETE RULES OF ELIGIBILITY, CODE AGREEMENT, ACKNOWLEDGEMENT OF RISK AND EQUIPMENT RESPONSIBILITY SIGN-OFF FORM 2018-2019

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 listed my current insurance company information on the WIAA required physical card.

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     Cheerleading     Cross Country     Dance     Football     Softball  
 Track/Field     Volleyball     Wrestling     Hockey     Soccer

\_\_\_\_\_  
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.**