

# ALMOND-BANCROFT SCHOOLS ATHLETIC PARTICIPATION FORM 2022-23

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

Student Name: _____	Grade in School _____	
Address: _____		
City: _____	Zip Code: _____	Phone#: _____
Name of Parents/Guardians: _____		
Health Insurance Carrier: _____	Policy Number: _____	
Physician Name: _____		
List All Sports Participating In: _____		

## **PERMISSION TO PARTICIPATE**

I hereby give my permission for the above named student to practice, compete, and represent Almond-Bancroft Schools in all regulated interscholastic sports provided by the school, except any restriction as noted on the current physical exam card completed by a licensed physician or nurse practitioner.

## **RESPONSIBILITY TO RETURN ALL SCHOOL-ISSUED UNIFORMS/EQUIPMENT**

I agree to be financially responsible for the safe return of all athletic uniforms and equipment issued to the above named student and agree to reimburse the school for the replacement value of lost/stolen/damaged uniforms and/or equipment. I understand that the failure to return school-issued equipment will result in a criminal referral for stolen property if not returned by the first contest of the following athletic session.

## **PERMISSION FOR EMERGENCY MEDICAL CARE AND CONVEYENCE**

I grant permission for the above student, in case of injury during athletic 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 cost associated with such treatment will be the responsibility of the parents/guardians, and that the Almond-Bancroft Schools will assume no liability for the costs.

## **INFORMED CONSENT**

I understand that injuries could occur as a result of athletic participation, and that these injuries could include minor injuries such as bruises and abrasions, muscle strains, sprains, or broken limbs. I understand that a catastrophic injury could result in paralysis or death due to athletic participation.

## **WIAA CONCUSSION/HEAD INJURY AND CARDIAC ARREST SIGNS**

The Almond-Bancroft School District takes concussions/head injuries very seriously. Therefore, it is important for Parents and Athletes to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you have read and understand the concussion information provided, and understand the importance of recognizing and responding to signs, symptoms, and behaviors of a concussion or head injury. Also, included is the sudden cardiac arrest information form. By signing this form you are stating that you have read and understand the sudden cardiac arrest information provided.

## **ALMOND-BANCROFT SCHOOL DISTRICT SPORTSMANSHIP EXPECTATIONS**

I have read the Sportsmanship Policy provided, attended the required student/parent/coach meeting (in person or virtually), and agree to the rules and expectations for student athletes, parents, and coaches.

## **ALMOND-BANCROFT BULLYING, HARASSMENT, AND INTIMIDATION POLICY**

Signing this form acknowledges that both Parent and Athlete have received and read the above policy. All reports of bullying, harassment, or intimidation must be reported immediately.

## **INSURANCE WAIVER**

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.

## **CO-CURRICULAR HANDBOOK AND WIAA ELIGIBILITY BULLETIN**

By signing this form, we are attesting to the fact that we have read and understood to abide by the rules and regulations set forth in the Co-Curricular Code and the WIAA Eligibility Information Bulletin, and that full permission is granted to the above Student to participate in Almond-Bancroft athletics.

_____ Parent Signature	_____ Parent Name Please Print	_____ Date
_____ Student Signature	_____ Student Name Please Print	_____ Date