

Westfield Area School District
Athletic Registration, Permission, Waiver, and Code Agreement Form
2018-2019

Student Name (Print) _____ Grade _____

Student Address _____ City _____ Zip Code _____

Sport(s) Intended to Play _____

Parent or Guardian Name (Print) _____ Phone Number _____

Parent or Guardian Name (Print) _____ Phone Number _____

To minimize the amount of paperwork needing to be printed and filed at the school office, the Athletic Department has developed this form to help simplify the process. Please complete all sections on the front and back of this form. All of the paperwork can be found on the Westfield Area School District website for you to view/read, if you'd like hard copies of everything, you may print them from there. If you wish, you may also obtain a copy of the entire packet at the Westfield Area High/Middle School office. This form MUST be on file in order for your son/daughter to participate in any athletic activity, practice, or contest sponsored by Westfield Area School District.

Athletic Code of Conduct

I have received, read, and understand the Westfield Area School District Athletic Code of Conduct. I agree to abide by the Code of Conduct as a Westfield Area School District Participant. I also understand that the Athletic Code is in effect 12 months a year.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Wisconsin Interscholastic Athletic Association (WIAA) Eligibility Form

I have received, read, and understand the WIAA Edibility Form. I agree to abide by the WIAA rules and regulations as they apply to athletic participation while I am a student in the Westfield Area School District. I also understand that the WIAA rules are in effect 12 months a year.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Insurance Waiver

The School District of Westfield does not provide any type of health or accident insurance for injuries incurred by your child at school or school sponsored activities.

All students participating in School Sponsored Athletics or Activities are required to have a signed Insurance Waiver on file in the High School office.

Parent Signature _____ Date _____

WIAA/DPI Concussion Forms – Parent and Athlete

I have received a copy, read, and understand the WIAA/DPI Concussion Information. By signing below, as a parent and as an athlete, I know the importance of recognizing the signs, symptoms, and behaviors of a concussion. I also know the importance of being removed from practice or competitions because of the signs or symptoms of a concussion. I understand that it is my responsibility to seek medical treatment if a concussion is reported. Once treatment is in place, I know that I need written clearance from a medical professional in order to return to athletics. I also know the consequences of returning to play too early. Lastly, if a concussion were to occur, I will not hold the Westfield Area School District, or its employees, accountable for the chance that a concussion might happen.

Athlete Signature _____ Date _____

Parent Signature _____ Date _____

ImPACT

I have read the information regarding ImPACT Testing. I understand its contents. I understand that participation is voluntary and is not a requirement for participation. I understand that my child may complete the test more than once. I understand there is no charge for the testing.

I further understand, and agree that upon request, Divine Savior Healthcare will release (a) the ImPACT results and any other information related to his or her head injury **only** to my child’s ImPACT trained provider, and (b) release any information related to his or her head injury to my child’s primary care physician, neurologist, physician assistant, or other physician involved with my child’s care.

I understand that information about my child’s head injury/concussion and recovery (not ImPACT test results) may be provided to the school nurse, guidance counselor, school psychologist, and teachers to provide temporary health or academic support.

_____ **As the parent/guardian of the student-athlete, I agree to participate in the ImPACT Concussion Management Program, described above, and I give my consent for testing.**

_____ **As the parent/guardian of the student-athlete, I do NOT want her/him to participate in the ImPACT Concussion Management Program.**

Athlete Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Pioneer Plan/Westfield Parent Code of Conduct

I have received, read, understand, and agree to abide by the Westfield Area School District Pioneer Plan and Parent Code of Conduct. I agree to abide by the Code of Conduct as a Westfield Area School District Participant. Note: Failure of the parent or guardian to sign this document will result in ineligibility of the student in co-curricular activities. If you have any concerns signing this document, please contact the Athletic Director.

Mother’s Signature _____ Date _____

Father’s Signature _____ Date _____

Guardian’s Signature _____ Date _____