

2023-2024 DODGEVILLE HIGH SCHOOL ATHLETIC PERMISSION FORM

Athlete's Name: _____ **Grade:** _____

PARENTAL CONSENT

As the parent of this athlete, I have read the rules and policies set forth for athletic participation at Dodgeville High School and give my child permission to participate under these conditions. I will do my part to aid the coach in seeing that my child follows these rules and regulations. I also give permission to the attending physician to give first aid and emergency treatment to my athlete should they require such assistance if parents/guardians/emergency contacts cannot be reached.

ATHLETE'S PLEDGE

I agree to abide by all the rules and regulations set forth in the pages of the Athletic Handbook and by my coach. I agree to pay for any and all of my equipment which I may lose, misplace or damage through carelessness or intent. I further agree to assume full responsibility for all equipment issued to me and to confine the use of that equipment to practice, games or meets.

PARENTAL CONCUSSION, HEAD INJURY & SUDDEN CARDIAC ARREST ACKNOWLEDGEMENT/AGREEMENT

I have read the DPI's Concussion and Head Injury Information Sheet. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be 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 they are evaluated by an appropriate health care provider and provide written clearance from the health care provider to their coach. I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly.

I have read the Sudden Cardiac Arrest Information Sheet. I understand that my child should stop activity/exercise immediately if they have any warning signs of sudden cardiac arrest. I understand it is recommended that if my child has any warning signs of sudden cardiac arrest while exercising, they have a medical examination before exercising or returning to participation in their sport. I understand that I or my child should report a family history of heart problems or warning signs of sudden cardiac arrest to the healthcare provider doing the medical examination. I understand how to request (at my cost) the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity. I understand the athletic director may be able to assist me.

ATHLETE CONCUSSION, HEAD INJURY & SUDDEN CARDIAC ARREST ACKNOWLEDGEMENT/AGREEMENT

I have read the Concussion and Head Injury Information Sheet. I have had the opportunity to read more information on concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. 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 to 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.

I have read the Sudden Cardiac Arrest Information Sheet. 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.

ATHLETIC CODE OF CONDUCT

I certify that I have read, understand, and agree to abide by all of the rules /regulations in the Athletic Code of Conduct.

WIAA PARENT/ATHLETE RULES OF ELIGIBILITY SIGN-OFF

I certify that I have read, understand, and agree to abide by all of the information contained in the Athletic Eligibility Information Bulletin. I further certify that if I have not understood any information contained in the bulletin, I have sought and received an explanation of the information prior to signing this statement.

INSURANCE

The Dodgeville School District will no longer offer athletic insurance coverage. It is now the parent's/guardian's responsibility to insure their athlete.

PARENT/GUARDIAN SIGNATURE

DATE

ATHLETE SIGNATURE

DATE