

DODGEVILLE HIGH SCHOOL ATHLETIC REGISTRATION FORM

ATHLETE'S NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____

PHONE: _____ GRADE: _____ AGE: _____ BIRTH DATE: _____

PARENTS/GUARDIANS: _____

PHONE NUMBERS WHERE PARENTS CAN BE REACHED IN CASE OF AN EMERGENCY:

4-6 P.M.: _____ AFTER 6 P.M.: _____ SATURDAYS: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____
(OTHER THAN PARENTS)

MEDICAL HISTORY

FAMILY PHYSICIAN: _____ PHONE: _____

OPHTHAMOLOGIST/OPTOMETRIST: _____ PHONE: _____

DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING:

CONCUSSION YES NO IF YES, HOW MANY? _____

CONCUSSION SYMPTOMS YES NO IF YES, DID YOU REPORT THEM? YES NO

CONTACTS YES NO

ASTHMA YES NO

ALLERGIES YES NO IF YES, TO WHAT? _____

SEIZURES YES NO IF YES, WHEN WAS YOUR LAST SEIZURE? _____

REACTIONS TO BEE OR INSECT STINGS YES NO

PROBLEMS WITH HYPERVENTILATING YES NO

BROKEN BONE(S) WITHIN THE LAST 3 YEARS YES NO

IF YES, WHAT BONE(S)? _____ DATE: _____

ISSUES WITH SPRAINED ANKLES, BONES OR JOINTS: YES NO IF YES, WHAT? _____

ARE YOU TAKING ANY MEDICATIONS THAT WE SHOULD BE AWARE OF? YES NO

IF YES, FOR WHAT? _____

ARE THERE ANY OTHER HEALTH ISSUES WE SHOULD BE AWARE OF? YES NO

IF YES, PLEASE EXPLAIN: _____

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.

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 son/daughter follows these rules and regulations. I also give permission to the attending physician to give first aid and emergency treatment to my son/daughter should he/she require such assistance if parents/guardians/emergency contacts cannot be reached.

PARENTAL CONCUSSION ACKNOWLEDGEMENT/AGREEMENT

I have **read** the Parent Concussion and Head Injury Information and **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 providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

WIAA ATHLETE RULES OF ELIGIBILITY SIGN-OFF 2019-20

I certify that I have read, understand and agree to abide by all of the information contained in the 2019-20 High School 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.

DATE

PARENT'S/GUARDIAN'S SIGNATURE

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.

ATHLETE CONCUSSION ACKNOWLEDGEMENT/AGREEMENT

I have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. 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 provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

WIAA ATHLETE RULES OF ELIGIBILITY SIGN-OFF 2019-20

I certify that I have read, understand and agree to abide by all of the information contained in the 2019-20 High School 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.

DATE

ATHLETE'S SIGNATURE