

Dodgeville Middle School Athletic and Co-curricular Program Registration/Parental Consent Form

Student's Name: _____ Date _____

Address: _____ City: _____

Phone: _____ Grade: _____ Age: _____ Birth Date: _____

Parents/Guardian Names: _____

Phone numbers where parents can be reached in case of an emergency:

4:00-6:00 p.m. _____ After 6:00 p.m. _____ Saturdays _____

Emergency Contact Name:

(other than parents) _____ Phone: _____

MEDICAL HISTORY

Family Physician _____ Phone: _____

Ophthalmologist/Optomtrist _____ Phone: _____

Do you have or have you ever had any of the following:

1. Concussion Yes No If so, how many? _____

2. Concussion Symptoms Yes No If Yes, did you report them? Yes No

3. Contacts Yes No

4. Asthma Yes No Medications: _____

5. Allergies Yes No If so, to what: _____

6. Seizures Yes No If so, when was the last seizure: _____

7. Problems with bee or insect stings Yes No Medications: _____

8. Problems with hyperventilation Yes No

9. Broken bones within the last 3 years Yes No If Yes, what and date: _____

9. Issues with sprained ankles, bones or joints Yes No If Yes, what? _____

10. Are you using any medications we should be aware of Yes No If yes, what for: _____

11. Are there any other problems we should be made aware of Yes No

If yes, please explain: _____

2023-24 DODGEVILLE MIDDLE SCHOOL PERMISSION FORM

Student'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 Middle 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.

STUDENT'S PLEDGE

I agree to abide by all of the rules and regulations set forth in the Code of Conduct for Athletic and Co-curricular Activities. 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.

STUDENT 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.

STUDENT 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.

ELIGIBILITY SIGN OFF

I certify that I have read and understand the Eligibility and Academic Success, Code of Conduct, and Violation Consequences portions of the Code of Athletic and Co-Curricular Activities. I further certify that if I have not understood any information contained in the Code of Conduct, 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