

Tigersharks
Athlete/Parent Signature Pages

The School Districts of Green Lake and Princeton are dedicated to academic excellence and recognize that participation in extracurricular activities enhances the educational experience. A variety of sports, clubs, and activities are offered for both boys and girls. The opportunity to participate in extracurricular activities is extended to all students as a privilege to those who are willing to assume certain responsibilities. Students participating in extracurricular activities will meet high standards of behavior by demonstrating good sportsmanship, showing respect for others, observing all school rules, and by meeting the established eligibility requirements. Athletes must follow all Wisconsin Interscholastic Athletic Association (WIAA) rules and regulations.

I certify that I have read, understand, and agree to abide by all of the information contained in the Co-Curricular Code of Conduct, Parent Extracurricular Code, and WIAA information. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

Student Name (Print): _____ Grade _____

Student Name (Signature): _____

Sport(s) Intended to Play: _____

Student Name (Print): _____ Grade _____

Student Name (Signature): _____

Sport(s) Intended to Play: _____

Student Name (Print): _____ Grade _____

Student Name (Signature): _____

Sport(s) Intended to Play: _____

Parent or Guardian Name (Print): _____

Parent or Guardian Name (Print): _____

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AUTHORIZATION FOR THE DISCLOSURE OF HEALTH INFORMATION

Athlete's Name

Date of Birth

Address

Authorizes information to be released from: Information Released to: (Officials of the school I attend, including coaching staff and Athletic Directors who are involved in my sporting events).

Princeton High School
604 Old Green Lake Rd
Princeton, WI 54968

Green Lake High School
612 Mill St
Green Lake, WI 54941

Information to be released includes: All information concerning my health that impacts my ability to participate in sports. This may include information about injuries (such as sprains, strains), surgeries (such as ACL reconstruction, rotator cuff repair), concussions (ImpACT test results) or medical conditions (such as asthma).

Need for the disclosure: The purpose of the release of this information is to inform the coaching staff of my health related limitations and abilities to continue to participate in sporting events. Also to provide the coaching staff with information about my injury to help me participate in sporting events safely.

I understand that if the person(s) and/or organization listed above are not health care providers, health plans, or health care clearinghouses, who must follow the federal privacy standards, the health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards and my health information may be re-disclosed without obtaining my authorization

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:

Right to inspect or Copy the Health Information to be used or disclosed – I understand that I have the right to inspect or copy the health information I have authorized to be used or disclosed by this authorization form. I may arrange to inspect my health information or obtain copies of my health information by contacting the health information department. Right to Receive Copy of this Authorization – I understand that if I agree to sign this authorization, which I am not required to do so I must be provided with a signed copy of the form. Right to refuse to sign this authorization – I understand that I am under no obligation to sign this form and that the person(s) and or organization (s) listed above who I am authorizing to use and/or disclose my information may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on my decision to sign this authorization. Right to withdraw this Authorization – I understand that written notification is necessary to cancel this authorization. To obtain information on how to withdraw my authorization or to receive a copy of my withdrawal, I may contact the health information department. I am aware that my withdrawal will not be effective as to uses and/or disclosures of my health information that the person(s) and or organization(s) listed above have already made in reference to this authorization.

EXPIRATION DATE: This authorization is good for one year from the date signed. I have had an opportunity to review and understand the content of this authorization form. By signing this authorization I am confirming that it accurately reflects my wishes.

Parent Signature: _____

Date: _____

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ATHLETE AGREEMENT

As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet.

Athlete 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.

Athlete Signature

Date _____

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PARENT AGREEMENT

As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet.

Parent 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.

Parent/Guardian Signature

Date_____