

School District of Lomira

**CO-CURRICULAR and ATHLETIC CODE AGREEMENT 2016-2017
Signature Page**

By signing this form, the student and parent agree to the following statements:

#1 Co-Curricular Code and Offenses Policy Contract

As a Lomira student grade 6-12, and as a parent/guardian of said student, I have read the Co-Curricular Code and Offenses Policy (Revised April, 2014) and any non-athletic co-curricular addendums (such as FBLA and FFA), and understand the rules, guidelines and procedures established herein. I/we agree to abide by and to help enforce such rules. [Attached]

#2 Parent Permit For Medical Treatment

I give my permission of the Lomira coaching staff and co-curricular advisors to seek medical treatment for my daughter/son in case of injury or illness that is incurred while participating in school sponsored activities if I cannot be reached to give my consent to emergency personnel.

#3 Parent-Athlete WIAA Rules of Eligibility

I certify that I have read, understand, and agree to abide by all of the information contained in the attached WIAA bulletin. 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. [Attached]

#4 Transportation Release Form – Student/Parent

As a student athlete participant representing the School District of Lomira must utilize school district transportation to and from all scheduled practices/events, unless a parent/legal guardian has signed the release form below.

As the parent/legal guardian, I accept full responsibility for his/her transportation for the scheduled practices/events. I understand that by signing this release, I assume full responsibility and liability for my son's/daughter welfare.

#5 Parent & Athlete Concussion Agreement

As a parent, 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. [Attached]

As a student, I have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. [Attached]

PRINT Student Name: _____	PRINT Parent/Guardian Name: _____
Student Signature: _____	Parent/Guardian Signature: _____
IN CASE OF EMERGENCY	
Home Telephone:	Work Telephone:
Cell Telephone:	Insurance Carrier Telephone:
Insurance Carrier:	Policy Number:

Identify any medical information about your daughter/son that may be necessary in case of emergency: