



2019-2020 Middle School Activities Eligibility Form

The **front and back** of this form must be completed and returned to the athletic/activities office prior to participation in any co-curricular activity. All forms must be signed off by the Activities Director or his designee. To read the Green Bay School District Co-Curricular Code Handbook, please visit the District website or stop in the Athletic/Activities Office for a copy.

Name of Fall Sport

Name of Winter Sport

Name of Spring Sport

Name of Activity

Name of Activity

STUDENT EMERGENCY INFORMATION:

School Last Attended: _____

Student Name: _____ DOB: _____ Grade: _____

Home Address: _____ Home/Cell Phone: _____

Parent(s) or Guardian(s) who may be contacted during the school day:

Name: _____ Home/Cell Phone: _____ Work Phone: _____

Name: _____ Home/Cell Phone: _____ Work Phone: _____

Physician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Name of relative/neighbor who may contacted in case of emergency:

Phone: _____

Special Remarks (any information pertaining to the health of your child that we should know: allergies, asthma, etc.)

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the doctor, hospital emergency center listed on this card, or the rescue squad and to follow their instructions:

Co-Curricular Code Participant and Parent Acknowledgement

I hereby acknowledge that I have read the Green Bay Co-Curricular Code and understand the rules and penalties for infraction of the rules as stated in the Code. As a student, I understand that my participation in a co-curricular activity is a privilege and therefore, I hereby agree to abide by these rules and regulations. I further acknowledge that if I have not understood any information contained in this Code, I have sought and received an explanation of the information prior to signing this form.

It is understood that playing sports and/or participating in other activities include inherent risks with such participation and can cause harm to anyone who engages in them. Because of these dangers, I recognize the importance of following coaches'/advisors' instructions regarding playing techniques, training and other team/activity rules and agree to obey such instructions.

In consideration of the Green Bay Area Public School District ("GBAPSD") permitting a student to try out for a team(s) and/or participate in activities, I hereby assume all risks associated with participation and agree to hold GBAPSD harmless from any and all liability which may arise in connection with participation in sports and other activities. I do voluntarily choose to participate in spite of any inherent risks.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:

ATHLETICS

HIPAA Form Date _____

Signature of Activities Director

Date

Concussion Acknowledgement and Agreement

As a parent and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent/Guardian Acknowledgement and Agreement:

I, _____ have **read** the Green Bay Area Public Schools concussion **information** and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors of a concussion. 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 athletic director.
- I **understand** the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature: _____ Date: _____

Athlete Agreement:

I, _____ have **read** the Green Bay Area Public Schools Concussion 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/guardians.
- 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 athletic director 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.

Participant's Signature: _____ Date: _____