

Williams Bay Schools 2017-2018

CONSENT FOR ATHLETIC TRAINING SERVICES & EMERGENCY MEDICAL TREATMENT

Student's Name: _____

Address: _____ City: _____

Grade: 9 10 11 12 Sex: M F Date of Birth: _____ Age: _____

Parent/Guardian Name: _____ Home Phone: _____

E-Mail: _____

Father's Name: _____ Cell: _____

Place of Employment: _____ Work Phone: _____

Mother's Name: _____ Cell: _____

Place of Employment: _____ Work Phone: _____

In case of emergency and absence of parent/guardian; please list two people you recommend we call:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

List any known allergies: _____

List any medications the student is taking: _____

List any physical disabilities: _____

Additional Comments: _____

Name of Medical Insurance Company of Plan: _____ Policy #: _____

Health Maintenance Organization (HMO)? Yes No

If Yes, what is your primary facility: _____

Family Physician: _____ Phone #: _____

Family Dentist: _____ Phone #: _____

Consent & Authorization

I hereby authorize the employed or contracted staff of the Williams Bay High School Athletic Department (i.e., coaches, athletic trainers, team physician, and/or other assigned medical personnel) to provide athletic training services to my son/daughter/ward and to secure and medical assistance on behalf of my son/daughter/ward. I further authorize these individuals to discuss my son/daughter/ward's medical condition with other health care personnel, which the Department deems appropriate. To the fullest extent permitted by law, I do indemnify and hold harmless the Department, entities, and other persons who act in reliance upon this authorization.

Parent/Guardian Signature: _____ Date: _____

WILLIAMS BAY SCHOOL DISTRICT
Co-Curricular Handbook
Parent/Student Acknowledgement Form
2017-18 Academic Year

1. I agree to abide by the Co-Curricular Handbook and realize that any violation on my part will result in the restrictions set forth in the Handbook. The Co-Curricular Handbook is a twelve-month commitment. I will have the integrity to inform my coach, advisor, Activities Director, and Athletic Director if I ever violate the Handbook rules.
2. As a parent(s)/guardian(s) of a student participating in the Williams Bay School District Co-Curricular Program, I/We support our child's agreement to abide by all of the rules as stated in the Co-Curricular Handbook.

TO DEMONSTRATE MY/OUR SUPPORT, I/WE PLEDGE TO:

1. Be aware of our child's academic status, behavior and social habits.
2. Not cover up or provide alibis if rules are broken. I/We will hold our child responsible and accountable for his/her actions and will inform the Athletic Director or Activities Director if he/she violates the Co-Curricular Handbook. I/We will communicate our intentions to our son/daughter at the beginning of the season so he/she will be aware of what the consequences will be should a violation occur.

ASSUMPTION OF RISK STATEMENT

I understand that playing sports or participating in some activities can cause genuine risks to anyone who engages in them. Because of the dangers of participating in sports and co-curriculars, I/We recognize the importance of following the advisor's or coaches' instructions regarding playing techniques, training and other team rules, and to agree to obey such instructions.

In consideration of the Williams Bay School District permitting me to try out for William Bay Co-Curricular Activities and Athletic Team(s), I hereby assume all the risks associated with the participation and agree to hold the Williams Bay School District harmless from any liability which may arise in connection with my participation in co-curricular activities or athletics. I do voluntarily choose to participate in Williams Bay Co-Curricular Program in spite of inherent risks.

I agree to pay for any and all equipment that I may lose, misplace or damage, misuse or have stolen 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, meets, or activities.

In addition, I/We agree to provide insurance coverage and accept responsibility for any and all medical costs.

My signature below indicates that I have read this statement, understood it completely, and agree to be bound by its terms.

| | | |
|---------------------------------|-------|-------------------------------|
| _____ | _____ | _____ |
| Date | Grade | Co-Curricular Organization(s) |
| Participant's Signature _____ | | |
| Parent/Guardian Signature _____ | | |