2017-2018
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
Physical Date _____
HIPAA Form Date_____

FOREIGN EXCHANGE
Physical ☐
HIPAA Form ☐
WIAA Foreign Exchange ☐

_____ _____
Signature of Activities Director Date

WIAA ALTERNATE YEAR CARD INFORMATION

This card must be filed every year before participation can begin in any athletic program.

Date of Student's Most Recent Medical Sports Physical Examination: _____
(If unsure, check with the Athletic/Activities Office for date of last card on file)

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved sports.
2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
3. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes
4. It is recommended that information regarding your child's allergies and prescribed medication be made available.

PARENT: If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing this card.

_____ _____
Parent/Guardian Signature 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**: _____

WIAA Participant and Parent Acknowledgement

I hereby acknowledge and agree to abide by all of the information contained in the WIAA Eligibility Information Bulletin as stipulated in Appendix B of the Co-Curricular Code Handbook. I further acknowledge that if I have not understood any information, I have sought and received an explanation of the information prior to signing this form.

Participant's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____