

BROOKWOOD ATHLETICS / 2016-17

Instructions for Completing Extracurricular Paperwork

All participants in Brookwood athletics must meet these requirements **BEFORE** participating in any way:

1. The student must be academically eligible for extracurricular activities.
2. The student must have a current physical on file with the athletic department.
3. The student must not have any outstanding equipment or bills from previous athletic participation.
4. The student and a parent or guardian must complete and submit all required paperwork.
5. The student and a parent or guardian must attend a preseason sports meeting.

The required paperwork includes:

- a. A green physical card or, if applicable, a beige "Alternate Year" card.
- b. Emergency form
- c. Extra-curricular registration, permission, waiver, and code agreement form

A. Physical Card:

- A student must have a sports physical at least every other year. When you go for your physical, bring a green physical card for the doctor to complete. Also make certain that all other information on the card is completed.
- If a student submitted a green physical card last year, he / she should be able to have his / her parents complete a beige "alternate year" card this year.
- Both the green physical and beige "alternate year" cards are available in the high school office.
- If you are not sure which card you need to turn in, contact the athletic director

B. Emergency Form For Athletic Participation:

- Please use a pen with dark ink to complete all student information, so that needed copies can be made.
- All areas of the emergency form need to be completed.

C. Extra-curricular Registration, Permission, Waiver, and Code Agreement Form:

This form contains signature areas for the following:

- Athletic Handbook Agreement
- WIAA Parent-Athlete Rules of Eligibility Sign-Off
- Media Release Form
- Parent Athletic Participation Consent
- Insurance Information
- Medical Treatment Consent
- Medication Administration

Note: Areas that require completion on this form are highlighted.

NOTE: It's essential that all athletes and their parents carefully read all of the documents listed below in addition to signing the Registration, Permission, Waiver, and Code Agreement Form:

- 2016-17 Athletic Handbook
- Insurance coverage information sheet
- WIAA High School Athletic Eligibility Information Bulletin
- Concussion Education Handout

**NO STUDENT WILL PARTICIPATE UNTIL
ALL OF HIS / HER PAPERWORK IS SUBMITTED!!!**

BROOKWOOD HIGH SCHOOL/JUNIOR HIGH

2016-17 ATHLETIC EMERGENCY FORM

Athlete's Name		Date of Birth	
Parents Name/ EMAIL ADDRESS:			
Address			
Phone Number		Cell Phone	

Does your student live with you? If not, please list additional contact informaton.

Parents Name/ EMAIL ADDRESS:			
Address			
Phone Number		Cell Phone	

Insurance Company		ID #	
Medical Clinic	Name		Phone
Hospital	Name		Phone
Dental	Name		Phone

EMERGENCY CONTACT

Name		Relationship	
Address			
Phone Number		Cell Phone	

Name		Relationship	
Address			
Phone Number		Cell Phone	

MEDICAL CONDITIONS

Allergies	
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OTHER INFORMATION

Does Athlete use an inhaler?	YES	NO	Type:
<i>(Please provide an inhaler for the team med kit)</i>			
Does Athlete wear contacts?	YES	NO	Hard / Soft
Medication athlete takes on a regular basis:			
Unusual Health Conditions:			

In the event that either parent or emergency contact person cannot be contacted by telephone I authorize Brookwood HS/JH to use discretion and seek medical attention/transportation.

Parent Signature

Date

BROOKWOOD HIGH SCHOOL / JUNIOR HIGH

EXTRA-CURRICULAR REGISTRATION, PERMISSION, WAIVER, AND CODE AGREEMENT FORM

Student Name _____ Grade _____ School Year: **2016-17**

*To minimize the process of requesting signatures on the different forms required for your son/daughter named above to participate in various school activities and programs, the Athletic Department has developed this form to help simplify the process. Please complete all sections on the **front and back** of this form. This form must be completed prior to your son/daughter participating in any athletic activity, practice, or contest sponsored by Brookwood High School / Junior High and the NOW School District.*

Athletic Handbook

I have received a copy of, have read, and understand the Brookwood High School / Junior High School Athletic Handbook. I agree to abide by the handbook as a Brookwood High School / Junior High School participant. I also understand that the rules of the athletic handbook are in effect twelve months a year.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Once this is signed it will stay on file in the Activities Office, and it will stay in effect until the student graduates or until the athletic handbook is amended, at which time a new agreement must be signed.

WIAA Parent – Athlete Rules of Eligibility Sign – Off Form

I have received a copy of, have read, and understand the WIAA Athletic Eligibility Information Bulletin. I agree to abide by all WIAA rules and regulations as they apply to athletic participation while I am a student at Brookwood High School & Junior High School and the NOW School District. I also understand that the WIAA rules are in effect twelve months a year.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Parent Athletic Participation Consent

Parental or guardian consent must be granted annually for student-athlete participation. As parent or guardian, with your signature, you do hereby consent to allow the student-athlete named below to engage in interscholastic athletics sponsored by Brookwood High School & Junior High School during the present school year. Furthermore, permission is granted for this athlete to accompany teams, as a member, on out-of-town trips. It is understood that this child will also be expected to firmly adhere to all established school and athletic policies while associated with his / her selected program.

Student's name _____

Parent Signature _____ Date _____

Media Release Form

I give permission for my son/daughter named above to be interviewed, mentioned, photographed, videotaped, and quoted by the news media and employees of the NOW School District before, during and after participation in an athletic activity sponsored by the NOW School District.

Parent Signature _____ Date _____

Insurance Information

I, the parent or legal guardian of _____, feel that we have adequate insurance protection for our son / daughter while practicing or participating in interscholastic athletics sponsored by Brookwood High School & Junior High School.

We have insurance with _____ policy number _____.

This accident insurance is sufficient and allows me to take full financial responsibility for any and all injuries sustained by my child while participating in the athletic programs under the direction of Brookwood High School & Junior High School and the NOW School District. I realize that the physical exam cards and other necessary forms must be filed with the Athletic Office prior to my child's participating in athletic practices.

Parent Signature _____ Date _____

Medical Treatment Consent

The parent or guardian of a Brookwood High School and Junior High School athlete recognizes that as a result of athletic participation, medical treatment on an emergency basis may be necessary. The athlete's parent further recognizes that school personnel may be unable to contact them for their consent for emergency medical care. Brookwood High School / Junior High School and the NOW School District does hereby secure parental/guardian consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances.

Parent Signature _____ Date _____

Medication Administration

Due to changes in Wisconsin Statutes, coaches may not administer medication of any type to student – athletes. If a student regularly uses medication, it must be administered either at home or by the school nurse. If a student uses an inhaler, parents must specify how often their child must use it. In addition, if a student – athlete has been prescribed an inhaler to be used during athletic participation, then that student – athlete is required to bring it to practices / contests. A student who fails to bring his / her prescribed inhaler to practices or contests may not participate in any way.

Parent Signature _____ Date _____

Wisconsin Act 172 / Concussion Education

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. *This form must be completed for every sports season and every youth athletic organization the athlete is involved with.*

Parent Agreement:

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.

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 coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent Signature _____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury 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/guardian.

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 coach 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.

Student Signature _____ Date _____

NEW!!!!

PLEASE INCLUDE EMAIL CONTACT INFORMATION:

Student Email: _____

Parent/Guardian Email: _____

FOR OFFICE USE ONLY

Physical Date _____ Alternate Year Card: Y / N Date _____