

# Adna Middle/High School

Athletic/Activities Agreement & Emergency Form 2011-2012

(Please print in ink)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother Work \_\_\_\_\_ Cell \_\_\_\_\_

Father Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Student Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  M  F

## Insurance

All school athletes must be covered by medical insurance provided by Parent/Guardian for the duration of the athletic activity in which they participate. ***Inform the School immediately should there be a change in insurance coverage.***

In the event of an accident or illness, I understand that every reasonable effort will be made to contact me immediately. However, if I am not available, I authorize the Adna School District to secure emergency medical care as needed.

My child is covered by \_\_\_\_\_ Insurance Co.  
Policy No. \_\_\_\_\_

I have purchased school insurance for my child.

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules or regulations of the school or state association. I have read, understand and agree to follow the rules and regulations governing WIAA activities/athletics and school activity participation in the Adna School District Athletic/Activities Handbook.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SEE REVERSE, IT IS NECESSARY TO COMPLETE BOTH SIDES**

**Verification of Residence:**

- My child resides within the Adna School District boundaries with his/her parent/guardian.
- My child does not reside within the Adna School District boundaries.
- My child has attended the Adna School District continuously for a period of one calendar year.
- My child has NOT attended the Adna School District continuously for a period of one calendar year.

**WARNING:** Participation in supervised inter-scholastic athletics BY ITS NATURE, INCLUDES THE RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH. Although serious injuries are not common in supervised athletic programs it is possible only to minimize, not eliminate this risk. These situations where serious, catastrophic and perhaps even fatal accidents may occur include practice and competition.

The use of equipment can result in accidents, and/or exposure to risk of injury. Students will be instructed in proper techniques to be used in competition as well as proper usage & safety precautions when using equipment. Students must adhere to that instruction and must refrain from improper usage and technique.

Participants can and have the responsibility to help reduce the chance of injury. PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, AND INSPECT THEIR EQUIPMENT DAILY.

CONCUSSION INFORMATION

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without a loss of consciousness. Signs and symptoms of a concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

I have read and understand the implications of the rules and regulations governing the participation of my son/daughter in WIAA activities/athletics and school activities sponsored by the Adna School District. I understand that he/she is expected to follow the rules and regulations of participation as outlined in the Adna Athletic/Activities Handbook, and should he/she violate these provisions, he/she will be disciplined. **Failure to provide accurate information may result in the forfeit of all contests in which the athlete participated. In addition, the athlete will be ineligible to participate in any Adna athletic program for one calendar year.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SEE REVERSE SIDE, IT IS NECESSARY TO COMPLETE BOTH SIDES**