

STUDENT ATHLETIC/ACTIVITY REGISTRATION FORM

JULY SPRING SPORTS OPTION (medical authorization, WIAA eligibility, code of conduct, fees, concussion information)



RACINE UNIFIED SCHOOL DISTRICT (RUSD)

Name _____ (please print) Grade _____ Activity/Sport _____

Parent/Guardian's Name _____ (Phone) _____

Email Address: (parent) _____ (student) _____

Emergency Contact _____ (Name) (Relationship) _____ (Phone) _____

Allergies and Medical Emergency Information: _____

MEDICAL AUTHORIZATION: When I am unable to be reached, I authorize a representative of RUSD to seek medical treatment for my son/daughter. YES_ NO_

Physical Examinations completed after April 1st and on file with your school. *Typically* these are done as a freshman and junior. **Physical Form, must be signed and dated by the physician.**

ALL BOXES MUST BE initialed BY PARENT AND STUDENT BEFORE TURNING IN

PARENT STUDENT

I HAVE READ AND UNDERSTAND THE WIAA ELIGIBILITY REQUIREMENTS or visit wiaawi.org

I HAVE READ AND UNDERSTAND COVID-19 GUIDELINES AND RESTRICTIONS attached or visit <https://www.wiaawi.org/Health/Infectious-Disease>

- *Practice good hygiene, including washing hands with soap and water for at least 20 seconds and covering coughs and sneezes with a tissue or into an elbow
- *Stay home when ill
- *Call primary care provider for testing, if ill or exposed to someone who has COVID-19
- *Clean high-touch objects like doorknobs, remotes, cell phones, and light switches frequently
- *Follow public health recommendations and population-level prevention strategies, such as maintaining physical distancing and wearing cloth face coverings.
- *Ensuring people are at least 6 feet from others. b. Ensuring people are provided with and wear face coverings when unable to maintain at least 6 feet from others.
- ** When not participating in actual physical movement it is strongly suggested to wear a mask.

I UNDERSTAND THAT this July Springs Sport participation is STRICTLY Optional.

I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ALL MATERIALS AND EQUIPMENT ISSUED TO ME

HAVE READ AND UNDERSTAND CONCUSSION INFORMATION (See reverse side of form)

Parent/Guardian Signature _____

Student Signature _____

Date _____

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RACINE UNIFIED SCHOOL DISTRICT

CONCUSSION AND HEAD INJURY "DISCLOSURE AND CONSENT DOCUMENT"

This is a statement acknowledging Receipt of Education and Responsibility to report signs or symptoms of a concussion.

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 and certify that you have read, understand, and agree to abide by all of the information contained in this sheet. You further certify that if you have not understood any information contained in this document, you have sought and received an explanation of the information prior to signing this statement.

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 to soon.

(Parent/Guardian 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.

(Athlete Signature)

(Date)

List the sports that you participate in:

1. Have you ever had a concussion? _____, if yes, how many? _____

2. Have you ever experienced concussion symptoms? _____ Did you report them? _____