



Jefferson High School Athletic Registration



Personal Information:

Athlete's Name: _____ Athlete's Cell #: _____ Date: _____

Athlete's Address: _____ Current School Year: 2023-24 Grade: _____

Father: _____ Home Phone _____ Cell _____

Mother: _____ Home Phone _____ Cell _____

Athlete lives with: _____ Parent e-mail _____ Athlete's e-mail _____

Medical Treatment Consent

I give permission for my child to participate in the JHS sports program and give permission for any and all urgent or emergency medical attention necessary to be administered in the event of an accident, injury, illness, etc... under the direction of the coach or certified/licensed athletic trainer until such time as I may be contacted. I also authorize and give consent to release my child's medical information resulting from accident, injury, or illness to the child's coach, physician, or emergency personnel. This release is effective for the time during which my child is participating in the sports program, including traveling to or from the competition. I also assume financial responsibility for any such treatment. (By entering your signature on the line below you are granting consent for the above medical treatment consent, release of medical information consent and participation in JHS sports).

Parent/Guardian Signature: _____

Family Physician: _____

Physician Phone: _____

Any known allergies or concerns: _____.

Accident Insurance: This is to certify that the above athlete...

_____ Has Health/Accident Insurance and needs no additional coverage. Name of Carrier: _____

_____ Has no Health/Accident Insurance. I will be responsible for any financial/medical responsibility.

Concussion Form

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of a concussion to be included as part of the "Participant and Parental Disclosure and Consent Document".

I, hereby acknowledge having received education about the signs, symptoms, and risks of sport-related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

I, the parent/guardian of the athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport-related concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

Signature of student/athlete Date

Printed name and signature of parent/guardian Date

Pledge

I agree to abide by all rules and regulations set forth in the pages of the JHS Athletic Handbook and all other team rules established by the coaches of my sport.

I agree to pay for any equipment which I may lose, misplace or damage 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 or meets.

I certify that I have read, understand, and agree to abide by all of the information contained in the High School Athletic Eligibility Information Bulletin from the WIAA. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

Code of Conduct

This athlete has attended or viewed the Code of Conduct meeting. (Has received a handbook, and Athletic Eligibility Information Bulletin) OR met with Mr. Gee (Has received a handbook and Athletic Eligibility Information Bulletin). Proof of understanding the Code of Conduct is required.

Eligibility Information Packet

I certify that I have received the [Athletic Eligibility Information Bulletin](#), I understand, and agree to abide by all of the information contained in this bulletin. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

Parent/Guardian Signature:

Student/Athlete Signature:

Parent, by signing this form you are signing for Insurance information, Pledge card, Eligibility information and Participation of the Code of Conduct.

Student, by signing this form you are signing for a Pledge card, Eligibility information and Participation of the Code of Conduct

Please Check Sport (s): *(This form will be good for the school year, please check each sport that you will be participating in.)*

Fall Sports

Coed - Cross Country
 Football
 Boys Soccer
 Girls Swimming
 Girls Tennis
 Volleyball
 Girls Golf
 Cheer

Winter Sports

Boys Basketball
 Girls Basketball
 Girls Gymnastics
 Boys Swim
 Coed Wrestling
 Cheer

Spring Sports

Baseball
 Softball
 Boys Golf
 Boys Tennis
 Girls Soccer
 Coed Track

The following items must be completed and submitted prior to an athlete being declared eligible to practice and compete. It's the responsibility of the athlete to check in with the main office for clearance. Please have the following turned in to the main office before your sport starts.

- This Athletic Registration form
- Updated Physical or Alternate card
- Paid Fee \$50 each sport-max is \$100 a year
- Code of Conduct Attendance card from the meeting.

Physicals have to be up to date and payments also have to be in.

Feel free to stop in, call 675-1106, or email ganserd@sdoj.org to check on your eligibility.

Jefferson High School Athletic Director: Mark Peterson peterm@sdoj.org