

EPC ATHLETIC PERMISSION FORM

Student Name: _____ Grade: _____

Permission to Participate

I hereby give permission for my child to practice, compete, and represent the Elmwood/Plum City School Districts in WIAA regulated (or otherwise) athletics except for any restrictions as noted on his/her current physical exam card as completed by a licensed physician or advanced practice nurse prescriber.

Informed Consent

I understand that injuries may occur as a result of participation in athletics. I understand that those injuries may include minor ones like bruises, abrasions, or more serious ones like muscle strains, sprains, or broken limbs. I also understand that a catastrophic injury may occur rendering my child paralyzed and/or that death may result from a catastrophic injury.

Permission for Emergency Medical Care

I give permission for my child, in case of injury as a result of participation in athletics, to be given emergency attention/care by the athletic trainer, the team physician, or any other physician present, and to be conveyed to an emergency medical facility, if needed. I understand that all medical costs that may occur because of such conveyance and subsequent treatment are the sole responsibility of the parents/guardians, and I understand that the Elmwood/Plum City School Districts will assume no liability for the cost of said conveyance or treatment.

Transportation Waiver

I agree to assume all liability for negligently caused injuries that result from the following transportation situations: I transport my child home from an away event or my child transports himself/herself to and from practice. I also agree that the Elmwood/Plum City School Districts assume no liability for negligently caused injuries resulting from the above or any other situations where contracted transportation is not used to transport students.

Responsibility to Return all School-Issued Uniforms/Equipment

I agree to be financially responsible for the safe return of all school uniforms and equipment issued to my child. I understand that my child is responsible for the uniforms/equipment that is specifically assigned to him/her and I agree to reimburse the school the actual replacement value of the uniforms/equipment if they are lost or stolen. I understand that failure to reimburse the school in a timely fashion may affect my child's eligibility.

Parent-Athlete Handbook

I have read, understand, and agree to follow the rules set forth in the 2020-21 Parent-Athlete Handbook.

Signature

By signing this form, I am attesting to the fact that I understand and agree to all conditions set forth on this form and as outlined in the Parent-Athlete Handbook. I also agree that if I did not understand the information, that I sought out and received further explanation. I am fully aware that I am granting permission for my child to participate in the athletic programs offered at the Elmwood/Plum City School Districts.

Parent/Guardian Signature

Date

Student Signature

Date