

2021-2022 CONCUSSION/CODE OF CONDUCT CONTRACT

CONCUSSION POLICY

This statement acknowledges receipt of education and responsibility to report signs or symptoms of concussion to be included as part of the "Participant and Parental Disclosure and Consent Document".

I, _____, the student hereby acknowledge having received education about the signs, symptoms, and risks of sport/activity related concussion. I also acknowledge my responsibility to report to my coaches, advisors, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all the information contained in this document. I further certify that if I have not understood any information contained therein, I have sought and received an explanation of the information prior to signing this contract.

I, _____, the parent/guardian of the student 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 the above mentioned document. I further certify that if I have not understood any information contained therein, I have sought and received an explanation of the information prior to signing this contract.

CO-CURRICULAR CODE OF CONDUCT

This portion of the page requests parent and student signatures to help ensure parent/student awareness of the co-curricular code, however failure to have a signature page on file does not exempt a student from this code.

Parent initial: _____

Student initial: _____

PARENT-STUDENT RULES OF ELIGIBILITY

This certifies I have read; understand, and agree to abide by all of the information contained in the WIAA Athletic Eligibility Information 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 contract.

Parent initial: _____

Student initial: _____

Your signature below indicates you have read and understand the Parent-Rules of Eligibility, the Co-Curricular Code of Conduct and the Wisconsin State Concussion Policy. The following signatures are required prior to practice or competition for any Barneveld co-curricular participants.

The administration retains the right to deal with any action not covered by this handbook. Administration may vary from the discipline offense procedures whenever the act deems necessary, but will always remain in accordance with WIAA guidelines.

Parent/Guardian's Signature

Please print name

Date

Student/Athlete's Signature

Please print name

Date

Please complete page 2

STUDENT EMERGENCY INFORMATION

Student Name		Date of Birth	
Parent/Guardian (1)			
Address			
Phone Number		Cell Number	

Parent/Guardian (2)			
Address (if different from above)			
Phone Number		Cell Number	

ADDITIONAL EMERGENCY CONTACTS

Name		Relationship	
Phone Number		Cell Number	

Name		Relationship	
Phone Number		Cell Number	

Name		Relationship	
Phone Number		Cell Number	

MEDICAL INFORMATION

Preferred Hospital	1st choice -
	2nd choice -
	3rd choice -

ALLERGIES OR OTHER MEDICAL CONDITIONS

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In the event that either parent or emergency contact person cannot be contacted by telephone, I authorize the Barneveld School District to use discretion and seek medical attention/transportation.

Parent Signature

Date