

STUDENT ATHLETIC/ACTIVITY REGISTRATION FORM

(medical authorization, code of conduct, fees, concussion information)

RACINE UNIFIED SCHOOL DISTRICT (20__-20__ School Year) Middle Level



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

School _____

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 Exam (Green Form) completed after 4/1/20
-OR-

Alternate Year (Beige Form), completed by returning athletes that have a Physical Card (Green Form) on file with the Athletic Office dated after April 1, 2019

ALL Boxes MUST BE INITIALED BY PARENT AND STUDENTS Before Turning in

	Parent	Student
I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE CO-CURRICULAR CODE OF CONDUCT	<input type="checkbox"/>	<input type="checkbox"/>
I AGREE TO FULL PAYMENT OF THE ATHLETIC FEE \$25 Participation Fee per sport. . This fee may be waived for students who receive free or reduced lunch. \$5 Athletic Material Fee per sport, no maximum. This fee is NOT waivable and must be paid by all athletes, for all sports,	<input type="checkbox"/>	<input type="checkbox"/>
I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ALL MATERIALS AND EQUIPMENT ISSUED TO ME	<input type="checkbox"/>	<input type="checkbox"/>
I HAVE READ AND UNDERSTAND CONCUSSION INFORMATION (See reverse side of form)	<input type="checkbox"/>	<input type="checkbox"/>
I HAVE READ AND UNDERSTAND COVID-19 GUIDELINES AND RESTRICTIONS(see website or info)	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Signature

DATE

Student Signature

DATE

**RACINE UNIFIED SCHOOL DISTRICT CONCUSSION AND HEAD INJURY
"DISCLOSURE AND CONSENT DOCUMENT"**

In accordance with Wis. Sidelined for Safety Act 172, this is a statement to acknowledge having received education about the signs, symptoms and risks of sport related concussion. It is my responsibility to report signs or symptoms of a concussion. We agree to abide by all RUSD concussion protocol.

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 too soon.

(Parent/Guardian Signature) (print name) (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) (print name) (Date)

1. List the sports that you plan to participate in: _____, _____, _____
2. Have you ever had a concussion? _____ If yes, how many? _____ If, yes date of last one _____
3. Have you ever experienced concussion symptoms? _____ If yes, did you report it? _____