

2024-25 Student/Parent Activities Code Signature Page

Print Student Name: _____ Grade: _____

Participation in co/extracurricular activities is a privilege, not a right. When students choose to participate in a co/extracurricular activity, the students not only represent themselves, but their school and community as well. As a result, there are higher expectations for the behavior of students in co/extracurricular activities and such students are held to a higher standard.

If you have questions about any of this information, you may contact Matt Polzin, Athletic Director, at polzinm@deerfield.k12.wi.us.

Acknowledgement of Co/Extracurricular Code of Conduct Handbook ****GRADE 6-12 ATHLETE or CLUB/ACTIVITY PARTICIPANT****

I agree to abide by the provisions of the Co/Extracurricular Code of Conduct Handbook and understand that I will be held accountable 12 months of the year. I understand that failure to follow the rules and guidelines outlined in the handbook will result in enforcement of the consequences described therein.

HIGH SCHOOL STUDENT: I understand that I may be asked to submit to a random drug test at any time during the school year and failure to comply will be considered a positive test and will result in a code violation. I further understand that tampering with the test in any way will also result in a code violation.

STUDENT SIGNATURE _____ DATE _____

I, as a parent, understand the provisions of the Code Handbook. I will do my part in seeing that my son/daughter follows the code.

PARENT SIGNATURE _____ DATE _____

Acknowledgement of WIAA Rules of Eligibility

****GRADE 9-12 ATHLETE**** Visit wiaawi.org to learn more

We certify that we have read, understand, and agree to abide by all of the information contained in the bulletin. We further certify that if we have not understood any information contained in the document, we have sought and received an explanation of the information prior to signing this acknowledgement.

ATHLETE SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

ATHLETES MUST COMPLETE BOTH SIDES



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Acknowledgement of Concussion & Sudden Cardiac Arrest Guidelines

****GRADE 6-12 ATHLETE**** Visit dpi.wi.gov to learn more

As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet.

ATHLETE AGREEMENT:

I, _____ have read the Concussion and Head Injury Information sheet. I have had the opportunity to read more information on concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. 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 be evaluated by an appropriate health care provider and provide to my coach written clearance to participate in the activity from the health care provider before I may return to practice/play. I understand that after a head injury my brain needs time to heal and that it may not heal properly if I return to practice/play too soon. I have read the Sudden Cardiac Arrest Information sheet. I understand that I should stop activity/exercise immediately if I have any warning signs of sudden cardiac arrest and report the symptoms to my coaches and my parents/guardians.

ATHLETE SIGNATURE _____ **DATE** _____

****GRADE 6-12 PARENT**** Visit dpi.wi.gov to learn more

As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet.

PARENT AGREEMENT:

I, _____ have read the Concussion and Head Injury Information sheet. I have had the opportunity to read more information on concussions on the Centers for Disease Control and Prevention's (CDC) websites. I 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 they are evaluated by an appropriate health care provide and provide written clearance from the health care provider to their coach. I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly. I have read the Sudden Cardiac Arrest information sheet. I understand that my child should stop activity/exercise immediately if they have any warning signs of sudden cardiac arrest. I understand it is recommended if my child has any warning signs of sudden cardiac arrest while exercising, they have a medical examination before exercising or returning to participation in their sport. I understand that I or my child should report a family history of heart problems or warning signs of sudden cardiac arrest to the healthcare provider doing the medical examination. I understand how to request at my cost the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity. I understand the athletic director may be able to assist me.

PARENT SIGNATURE _____ **DATE** _____