

CO-CURRICULAR CODE AGREEMENT

PARENT/GUARDIAN and STUDENT (please read, fill in and sign below)

UNDERSTANDING OF RISK AND ASSUMPTION OF LIABILITY – I understand there is always a risk of personal injury while participating in Co-Curricular Activities. I realize that an injury may be minor, catastrophic, or fatal in nature. I understand this risk of injury, and I am aware of the consequences of such injury. I release the Mayville School District from and all liability for injuries received from participation in Co-Curricular Activities. Any injury requiring medical assistance is the financial responsibility of the parent/guardian. The Mayville School District does not carry student medical/hospitalization insurance for any of its students. Financial responsibility to provide proper medical coverage is with the parent/guardian.

PARENT/GUARDIAN CONSENT FOR EMERGENCY MEDICAL TREATMENT – Medical treatment for any emergency injury or illness occurring during co-curricular practice or competition may be given to my child. If my child is injured and needs to be transported by ambulance, my choice in hospitals would be _____. **I realize that if the injury is life threatening, my son/daughter will be transported to the nearest emergency treatment facility.**

STUDENT RESPONSIBILITY FOR SCHOOL PROVIDED EQUIPMENT – I agree to assume full responsibility for all school equipment issued to me. I will I confine its use to practices, games, or concerts. I agree to pay for any and all school issued equipment, which I may lose, misplace, or damage through carelessness or intent. A bill for the cost of lost, not turned in, or damaged equipment will be sent to your parents, thirty days after the end of the season.

ADDITIONAL MEDICAL AND FAMILY INFORMATION –

Home Phone# _____ Work Phone# _____

Cell Phone# _____ 2nd Cell Phone# _____

Name of Private Insurance Carrier _____

Policy Numbers and Address _____

Family Physician _____ Family Dentist _____

Unusual Health Conditions or Special Medical Needs? YES NO
DESCRIBE _____

Takes Medication? YES NO
DESCRIBE _____

Allergies YES NO
DESCRIBE _____

PARENT/GUARDIAN SIGNATURE – indicates permission for my child's participation, understanding of the risk of injury, and assumption of liability, consent for emergency medical treatment, my responsibility for damaged or lost equipment, and my understanding of the Co-Curricular Code Handbook*

STUDENT SIGNATURE – Indicates my understanding of the Mayville School District Co-Curricular Code Handbook*, my risk of injury, and my responsibility for damaged or lost equipment.

Parent/Guardian Name (Please Print) _____
(first) (last)

Parent/Guardian Signature _____

Student Name (Please Print) _____
(first) (last)

Student Grade _____

Student Signature _____

DATE: _____

*Note: Co-Curricular Code Handbook is available in the high school and middle school offices as well as the District website.

CONCUSSION PARENT/ATHLETE AGREEMENT

Student Name _____	Grade _____
Address _____	
Phone _____	Email _____
1. Have you ever had a concussion? _____ if yes, how many? _____	
2. Have you ever experienced concussion symptoms? _____ Did you report them? _____	
Emergency Contacts:	
Name _____	Relationship _____
Phone Number _____	
Name _____	Relationship _____
Phone Number _____	

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.

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 _____ Date _____

Athlete Agreement:

I _____ have read the Athlete Concussion and Head Injury information and understand what a concussion is and how it may be cause.

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 _____ Date _____

Please complete both sides of this form and turn into the High School Office.