

FALL CREEKSCHOOL DISTRICT

EXTRA-CURRICULAR REGISTRATION, PERMISSION, WAIVER, AND CODE AGREEMENT FORM

Student Name _____ **Grade** _____ **School Year** _____ - _____

*To minimize the process of requesting signatures on the different forms required for your son/daughter named above to participate in various school activities and programs, the Athletic Department has developed this form to help simplify the process. Please complete all sections on the **front and back** of this form. This form will need to be completed prior to your son/daughter participating in any extra-curricular activity, practice, or contest sponsored by the Fall Creek School District.*

Co-Curricular Code of Conduct

My signature below indicates that I have read this statement, understood it completely, and agree to be bound by its terms. I also understand that the extra-curricular code of conduct is in effect twelve months a year.

Student Signature _____ *Date* _____

Parent Signature _____ *Date* _____

Once this is signed it will stay on file in the Athletic Office, and it will stay in effect until the student graduates or until the co-curricular code is amended, at which time a new agreement must be signed.

Wisconsin Interscholastic Athletic Association (WIAA) Eligibility Form

I have received a copy of, read and understand the WIAA Eligibility Form. I agree to abide by all WIAA rules and regulations as they apply to athletic participation while I am a student in the Fall Creek School District. I also understand that the WIAA rules are in effect twelve months a year.

Student Signature _____ *Date* _____

Parent Signature _____ *Date* _____

Media Release Form

I give permission for my son/daughter named above to be interviewed, mentioned, photographed, videotaped and quoted by the news media and employees of the Fall Creek School District before, during and after participation in a extra-curricular activity sponsored by the Fall Creek School District.

Parent Signature _____ *Date* _____

MORE SIGNATURES NEEDED ON THE BACK OF THIS FORM

Parent Athletic Participation Consent

Parental or guardian consent must be granted annually for student-athlete participation. As parent or guardian, with your signature, you do hereby consent to allow the student-athlete named below to engage in interscholastic athletics sponsored by the Fall Creek School District during the present school year. Furthermore, permission is granted this athlete to accompany teams, as a member, on out-of-town trips. It is understood that this child will also be expected to firmly adhere to all established school and athletic policies while associated with their selected program.

Student's name _____

Parent Signature _____ Date _____

Warning of Inherent Risk in Sports Participation

I have read, understand and am willing to accept the consequences of athletics as presented in the Warning of Inherent Risk in Sports Participation disclosure. Inherent Risk – recreationists accepting the inherent risk in sports and recreation activities and are responsible for injury or damage results from those inherent risks.

Parent Signature _____ Date _____

FOR OFFICE USE ONLY

Physical Date _____ Alternate Year Card _____

Fee Receipt # _____ Date _____