

FALL CREEK SCHOOL 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* _____

Medical Treatment Consent

The parent or guardian of a Fall Creek School District athlete recognizes that as a result of athletic participation, medical treatment on an emergency basis may be necessary. The athlete's parent further recognizes that school personnel may be unable to contact them for their consent for emergency medical care. The Fall Creek School District in conjunction with Luther Midelfort does hereby secure parental/guardian consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance.

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 _____