

By initialing below I acknowledge that I have received, understand and am in agreement with the following:

Athletes:

<u>Parent</u>	<u>Student</u>	
_____	_____	WIAA High School Athletic Eligibility Information Bulletin
_____	_____	Physical Examination form
_____	_____	** If we have record of a physical being performed within the last school year, an alternate year card is required. Parents may also choose to have a new physical every year.
_____	_____	I have received and read a copy of the Bellin Health Hipaa Form & Privacy Practices.
_____	_____	My emergency contact information may be obtained off of school records and shared with the Coaching staff and/or advisors
_____	_____	Parent & Athlete Concussion Agreement
_____	_____	I have read and understand the provisions of the Co-Curricular Code of Conduct

Activity Members:

<u>Parent</u>	<u>Student</u>	
_____	_____	My emergency contact information may be obtained off of school records and shared with the advisors.
_____	_____	I have read and understand the provisions of the Co-Curricular Code of Conduct

Please Note: ALL pre-participation paperwork must be turned in before the first meeting/practice or you will not be able to participate. No exceptions.

By signing this document, I indicate I have knowledge, understanding and agreement to these standards, set forth in order to be afforded the privilege of being a participant in Wrightstown Co-Curricular activities. I am also aware that any violation on my behalf, to any of these standards, shall result in the consequences contained within the Wrightstown High School Co-Curricular Code of Conduct. I understand the agreement is binding through my graduation from high school.

Student Name Printed: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____