

**ELKHART LAKE-GLENBEULAH HIGH SCHOOL  
ATHLETIC AND ACTIVITY INFORMATION FORM  
Athletic Code of Conduct, WIAA Rules of Eligibility, and Concussion Information Receipt**

**This form MUST BE completed and returned to the office PRIOR  
to participation in any athletic activity.**

**EMERGENCY INFORMATION**  
(please print clearly)

School Year: \_\_\_\_\_ to \_\_\_\_\_

**STUDENT NAME** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Sport(s) Participating in:**

\_\_\_\_\_ **FALL** \_\_\_\_\_ **WINTER** \_\_\_\_\_ **SPRING**

**PARENT NAME** \_\_\_\_\_  
LAST FIRST HOME PHONE # ALTERNATE PHONE #

**HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**INSURANCE COMPANY** \_\_\_\_\_ **POLICY OR GROUP NO.** \_\_\_\_\_

**ALLERGIES OR ALLERGIC REACTIONS** \_\_\_\_\_

**KNOWN SIGNIFICANT MEDICAL CONDITIONS** \_\_\_\_\_

**IN THE CASE OF EMERGENCY, ATTEMPT TO CONTACT A PARENT AT HOME OR AT WORK. IF WE CANNOT BE REACHED, ATTEMPT TO CONTACT THE ALTERNATE LISTED BELOW:**

**ALTERNATE NAME** \_\_\_\_\_ **PHONE #** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**Student Section:**

*I have received a copy, read, and understand the provisions of the Athletic Code of Conduct and the WIAA Rules of Eligibility.*

As a student, I understand that my participation in athletic activities is a privilege and, therefore, agree to be bound by the Elkhart Lake-Glenbeulah High School Athletic Code of Conduct. I also certify that I have read, understand, and agree to abide by all of the information contained in the Elkhart Lake-Glenbeulah High School Athletic Activity Participant Guidelines, WIAA Rules of Eligibility Bulletin, and Concussion Signs and Symptoms information document. **I also acknowledge my responsibility to report to my coaches, parents/guardians any injuries and/or signs or symptoms of a concussion.** I further certify that if I have not understood any information contained in the document, I have sought and received an explanation of the information prior to signing this statement.

**Student Name** (print clearly): \_\_\_\_\_ **Date Attended Code Meeting:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Parent/Guardian Section:**

*I have received a copy, read, and understand the provisions of the Athletic Code of Conduct and the WIAA Rules of Eligibility.*

As a parent/guardian, I accept full responsibility for any injuries my son or daughter might receive while participating in athletics for the Elkhart Lake – Glenbeulah School District. I understand that my son/daughter’s participation in athletic activities is a privilege and, therefore, agree that they are to be bound by the Elkhart Lake-Glenbeulah High School Athletic Code of Conduct. I also certify that I have read, understand, and agree to abide by all of the rules contained in the Elkhart Lake-Glenbeulah High School Activity Participant Guidelines, WIAA Rules of Eligibility Bulletin and Concussion Signs and Symptoms information document. I further certify that if I have not understood any information contained in the document, I have sought and received an explanation of the information prior to signing this statement. I will see that these rules and regulations are followed. I give my permission to have first aid and emergency treatment given to my child if such assistance is required. I give permission for the ELGHS office to release my home address and phone number to organizations supporting activities in the Elkhart Lake-Glenbeulah School District. This agreement is binding through my son or daughter’s graduation from high school.

**Parent Name** (print clearly): \_\_\_\_\_ **Date Attended Code Meeting:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

ATHLETE'S NAME: \_\_\_\_\_

**PHYSICAL / ALTERNATE YEAR INFORMATION**

- (1) Physical Examination taken *after April 1<sup>st</sup>* is good for the following **TWO SCHOOL YEARS**.
- (2) Physical Examination taken *before April 1<sup>st</sup>* is good for the remainder of that **SCHOOL YEAR** and the following **SCHOOL YEAR**.

**Date of Last CURRENT PHYSICAL:** \_\_\_\_\_

**Date of ALTERNATE YEAR CARD SIGNATURE:** \_\_\_\_\_

**Date of Last CURRENT PHYSICAL:** \_\_\_\_\_

**Date of ALTERNATE YEAR CARD SIGNATURE:** \_\_\_\_\_

- 1. I hereby give my permission for the above named student to practice and compete and represent the Elkhart Lake-Glenbeulah High School in WIAA approved sports.
- 2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating in this school year.
- 3. I further grant permission for any medical records pertaining to the health of the above named student are made available as necessary to the proper school district personnel and appropriate health care providers including emergency medical personnel.

**AUTHORIZATION FOR THE DISCLOSURE OF HEALTH INFORMATION**

(Purpose: This form is used for an individual to authorize use or disclosure of the individual's protected health information for the purposes stated.)

**Consent to Treat**

As a result of athletic/school participation, medical treatment may be necessary and I give consent to the Licensed Athletic Trainers from Aurora Sheboygan Memorial Medical Center (ASMMC) to evaluate and treat any injuries, and activate emergency care as indicated within their scope of practice for my son/daughter.

**Injury Information Release**

In understand that as my child participates in activities, the Licensed Athletic Trainers form ASMMC may deem it necessary to inform the coach, physical education teacher or athletic director about my son or daughter's condition / injury pertaining to my son/daughter. I understand that should I have a potential concern about a medical condition/injury that I do not want discussed with the people mentioned above, I will need to inform the Athletic Trainer. If I wish this information to be discussed with any other people, I need to directly inform the Athletic Trainer.

**Expiration and Revocation**

The authorization will expire upon graduation from high school.

**Right to Revoke:** You may revoke this authorization at any time by providing verbal or written notice of revocation to Aurora Sheboygan Memorial Medical Center, ATTN: Rehabilitation Services, 2629 N. 7<sup>th</sup> Street, Sheboygan, WI 53083. Revocation of this authorization will not affect any action we took in reliance on this authorization before we received your verbal or written notice of revocation.

**I have had full opportunity to read and consider the contents of this authorization. I understand that by signing this form, I am confirming my authorization for the use and/or disclosure of my child's protected health information, as described in this form. I also, hereby grant permission to the attending physician to proceed with any medical emergency treatment. I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. Permission is also granted to the athletic trainer to provide the needed emergency treatment to the athlete prior to his/her admission to the medical facilities.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (if athlete is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
STUDENT ATHLETE SIGNATURE (if athlete is 18 years of age or older)

\_\_\_\_\_  
Date

**INSURANCE**

All students should have adequate Insurance Coverage. Your signature below signifies that you have adequate insurance or will assume that cost of any injuries incurred in participation. The Elkhart Lake-Glenbeulah School District does not sponsor an insurance plan. By signing below, I agree to and/or understand the insurance information.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
Date