

ATHLETIC CONTRACT/CONCUSSION INFORMATION/
PARENT CONSENT FORM
RAINIER SECONDARY SCHOOL
Please check each box, sign, and return form

I give my consent for my son/daughter _____
Name of Athlete

to engage in athletic activities approved by the Washington Interscholastic Activities Association (W.I.A.A.) and to accompany the team to events out of town.

I certify that the student named above has an insurance policy issued by:

Please print the name of your insurance company

I also certify that this policy provides ample protection in case of athletic injury.

I understand that a copy of a current physical and emergency form must be on file in the school office and that my son/daughter must purchase an ASB card in order to participate in athletics at Rainier Secondary School.

I have read and understand the general rules and expectations for student athletes as put forth in the Rainier Schools Athletic Contract and have received a copy for reference.

I have read and understand the general rules and expectations for student athletes whom may receive a concussion while playing sports.

This is to certify that we the undersigned have read and understand the **Rainier School District Athletic Tobacco, Drug and Alcohol Code.**

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.

(Signature of Parent or Guardian)

Date

(Signature of Student Athlete)

Date

SIGN AND RETURN THIS COPY TO THE SCHOOL OFFICE