

# **DCSD PARTICIPATION / PARENT ACKNOWLEDGEMENT FORM**

A student will not be permitted to participate in extracurricular activities until the participation acknowledgement form and other administrative forms as required by a coach/advisor have been submitted to the Activities office. **Athletes must also have on file a parent signed current physical.** Failure to comply with this ruling means that you will not participate in any extracurricular activity until all items have been submitted. I agree to assume full responsibility for all equipment issued to me and to confine the use of that equipment to school athletics, practice, contests, games, or meets.

**ATHLETES:** I am aware that playing or practicing to play/participate in any sport can be dangerous in nature involving risk of injury. I understand that the dangers and risks of playing or practicing to play/participate in the sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, serious injury to virtually all internal organs, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in a sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational athletics, and generally to enjoy life.

## **STUDENTS**

\*I understand all rules and regulations as summarized in this Participation Packet. I am fully aware of the penalties for violation.

\*I have received a copy of the **Scholastic Eligibility for Students** and I understand I must comply with the policy to remain eligible.

\*I have received a copy of the **Davenport Community School District Code of Conduct (board policy 504.08)** and I understand the consequences of violating the policy.

\*I have received a copy of the **HEADS UP: Concussion in High School Sports** as outlined by the Iowa Legislature.

\*I have received a copy of the **Study Table Acknowledgement Form.**

Date \_\_\_\_\_ Year in School (Circle one) 9 10 11 12

Student Name \_\_\_\_\_ Signature \_\_\_\_\_

## **PARENT/GUARDIANS**

I, as a parent or guardian of the above student, have received and understand the policies and rules set forth for participation in extra curricular activities at Davenport Community Schools.

\*I have received a copy of the **Scholastic Eligibility for Students** and I understand my student must comply with the policy to remain eligible.

\*I have received a copy of the **Davenport Community School District Code of Conduct (board policy 504.08A)** and I understand the consequences of violating the policy.

\*I have received a copy of the **HEADS UP: Concussion in High School Sports** as outlined by the Iowa Legislature.

\*I have received a copy of the **Study Table Acknowledgement Form.**

\*I have received a copy of the **Communicating with Your Student/Athlete's Coach** pamphlet.

**\*Internet Posting of Student-Athlete Photo Permission**

\_\_\_\_\_ DCSD and Davenport Central have my permission to post photos of my child

\_\_\_\_\_ DCSD and Davenport Central **DO NOT** have my permission to post photos of my child

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_