



## 2026-2027 Middle School Activities Eligibility Form

The **front and back** of this form must be completed and returned to the athletic/activities office prior to participation in any co-curricular activity. All forms must be signed off by the Activities Director or his designee. To read the Green Bay School District Co-Curricular Code Handbook, please visit the District website or stop in the Athletic/Activities Office for a copy.

### STUDENT EMERGENCY INFORMATION:

Activities: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Parent(s) or Guardian(s) who may be contacted during the school day:

Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Name of relative/neighbor who may contacted in case of emergency:

\_\_\_\_\_ Phone: \_\_\_\_\_

### **Special Remarks** (any information pertaining to the health of your child that we should know: allergies, asthma, etc.)

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the doctor, hospital emergency center listed on this card, or the rescue squad and follow their instructions. I further understand that in certain emergency situations, the school may determine to seek emergency medical treatment related to an injury suffered by my child irrespective of my request or direction

### **Co-Curricular Code Participant and Parent Acknowledgement**

I hereby acknowledge that I have read the Green Bay Co-Curricular Code and understand the rules and penalties for infraction of the rules as stated in the Code. As a student, I understand that my participation in a co-curricular activity is a privilege and therefore, I hereby agree to abide by these rules and regulations. I further acknowledge that if I have not understood any information contained in this Code, I have sought and received an explanation of the information prior to signing this form.

It is understood that playing sports and/or participating in other activities include inherent risks with such participation and can cause harm to anyone who engages in them. Because of these dangers, I recognize the importance of following coaches'/advisors' instructions regarding playing techniques, training and other team/activity rules and agree to obey such instructions.

In addition, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Such exposure or infection may result in personal injury, illness, permanent disability and death. The Green Bay Area Public School District ("GBAPSD") cannot guarantee that you will not become infected with COVID-19 if you try out for a team(s) and/or participate in sports or other activities. Further, participation could increase your risk of contracting COVID-19. Individuals that have certain underlying health conditions are at greater risk of contracting COVID-19 which should be taken into consideration prior to participating in sports or other activities. All individuals are encouraged to consult their physician prior to determining whether to try out for a team(s) and/or participate in activities

In consideration of the GBAPSD permitting a student to try out for a team(s) and/or participate in activities, I hereby assume all risks associated with participation and accept sole responsibility for any injury (including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability or expense) of any kind, including contracting COVID-19, and agree to hold GBAPSD harmless from any and all liability, claims and costs which may arise in connection with participation in sports and other activities. I do voluntarily choose to participate in spite of any and all inherent risks.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Concussion & Sudden Cardiac Arrest Acknowledgement and Agreement

**As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet that is in the GBAPS Co-curricular Handbook.**

### Student Agreement:

I, \_\_\_\_\_ have read the Concussion and Head Injury Information sheet. I have had the opportunity to read more information on concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must be evaluated by an appropriate health care provider and provide to my coach written clearance to participate in the activity from the health care provider before I may return to practice/play.

I understand that after a head injury my brain needs time to heal and that it may not heal properly if I return to practice/play too soon.

I have read the Sudden Cardiac Arrest Information sheet. I understand that I should stop activity/exercise immediately if I have any warning signs of sudden cardiac arrest and report the symptoms to my coaches and my parents/guardians.

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

\_\_\_\_\_  
Date

### Parent Agreement:

I, \_\_\_\_\_ have read the DPI's Concussion and Head Injury Information sheet. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until they are evaluated by an appropriate health care provide and provide written clearance from the health care provider to their coach.

I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly.

I have read the Sudden Cardiac Arrest information sheet. I understand that my child should stop activity/exercise immediately if they have any warning signs of sudden cardiac arrest. I understand it is recommended if my child has any warning signs of sudden cardiac arrest while exercising, they have a medical examination before exercising or returning to participation in their sport. I understand that I or my child should report a family history of heart problems or warning signs of sudden cardiac arrest to the healthcare provider doing the medical examination.

I understand how to request at my cost the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity. I understand the athletic director may be able to assist me.

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

\_\_\_\_\_  
Date

**For Office Use Only:**    HIPAA Form Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Activities Director

\_\_\_\_\_  
Date