

2026 - 27 Loyal Middle - High School Athletic Code



THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE ATHLETIC DIRECTOR PRIOR TO A STUDENT BEING DECLARED ELIGIBLE TO PARTICIPATE.

PARENT-ATHLETE RULES OF ELIGIBILITY SIGN OFF FORMS

I certify that I have read, understand, and agree to abide by all of the information contained in the WIAA bulletin [PAGES 10-13]. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information from the athletic director prior to signing this statement.

I have read and agree to abide by all rules and regulations set forth in the Loyal School District Policies Relating to Extra-Curricular Activities. The code is to be followed by all participants and is in effect the full calendar year. My signature authorizes law enforcement to release records pertaining to code violations to school personnel.

CONCUSSION AND SUDDEN CARDIAC ARREST AGREEMENT

As a parent/guardian and 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.

ATHLETE 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.

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.

STUDENT NAME (PRINT)

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN NAME (PRINT)

PARENT/GUARDIAN SIGNATURE

DATE