

School District of Platteville
CO-CURRICULAR AND ATHLETIC AGREEMENT
2017-2018 SIGNATURE PAGE

By signing this form, the student and parent agree to the following statements:

#1 Activities Code Acknowledgment and Pledge

I hereby acknowledge that I have read the Platteville High School Student Activities Code and understand the rules and regulations within. I further agree to abide by all rules and regulations set down by my advisor, individual coach, the student activities director, and/or principal.

I agree to assume full responsibility for all equipment issued to me, and to confine the use of that equipment to practice, games, contests, or meets. I will further agree to pay for any and all equipment which I may lose, misplace, or damage through carelessness or intent.

This code is in effect 24 hours a day and 12 months a year. When you and your parent/guardian sign this code you agree to abide by the regulations and consequences outlined.

#2 Medical Insurance & Informed Consent

Medical insurance for athletic participants is not required by the WIAA or the School District of Platteville. Parents/guardians are strongly urged to secure insurance coverage for students participating in athletics. Platteville High School does not provide insurance coverage for any injury/accident related to athletics. This includes any emergency vehicles needed to convey an athlete to a medical facility for treatment. All medical costs that could occur from such conveyance and subsequent treatment are the sole responsibility of the parents/guardians. Platteville High School will assume no liability for the cost of said conveyance or treatment. Please note: Review your health insurance program to determine if your coverage is adequate.

I understand that injuries could occur as a result of participation in athletics. I understand that these injuries could include minor injuries such as bruises or abrasions, muscle strains, sprains or broken limbs. I understand that it is possible that a catastrophic injury could occur rendering my son/daughter paralyzed, and that death could also occur as a result of a catastrophic injury.

#3 Parent-Athlete WIAA Rules of Eligibility

I certify that I have read, understand, and agree to abide by all of the information contained in the WIAA bulletin. 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 prior to signing this statement.

PRINT Student Name:	PRINT Parent/Guardian Name:
Student Signature:	Parent/Guardian Signature: