DE SOTO AREA SCHOOL DISTRICT DE SOTO HIGH SCHOOL ATHLETIC PARTICIPATION FORM

20____-

Student's Name:		Grade:	Birth date: / /	
Last	First	Middle Initial		
Present Address:			Telephone:	
Sport: Fall:	Winter:		Spring:	
Each of the following s	ections must be complet	ed before the above name	ed athlete will be allowed to practice.	
SECTION I: W.I.A.A. ALTEI	RNATE YEAR ATHLE	CTIC PERMIT		
		CHOLASTIC ATHLETI TE YEAR ATHLETIC P		
Physical Date:				
Name:Last	Pinet	Grade:	Date of Birth:	
Parent's Place of Employment:				
Family Physician:		Fami	Family Dentist:	
Name of Private Insurance Carri	er:			
Policy Numbers and Address:				
 approved sports. 2. I also attest to the fa evaluation prior to p 3. I further grant permi as necessary to the p personnel. 4. It is recommended the position of the personnel of the personnel	ct that the above named articipating this school y ission for any medical reproper school district personal information regarding by question that this student	student has had no injury rear. cords pertaining to the he sonnel and appropriate he gyour child's allergies and ent may not be qualified f	compete, and represent the school in WIAA or illness serious enough to warrant a medical ealth of the above named student be made available ealth care providers, including emergency medical prescribed medication be made available. For athletic competition without, at least, a partial	
x	nt/Guardian)		DATE:	
(Signature of Pare	nt/Guardian)			

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR CARDON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OF PARTICIPATION.

SECTION 2: ATHLETIC GUIDELINE AGREEMENT , have received, read and understand, and have discussed We, the parents/guardians of the De Soto School District's Athletic Code of Conduct with our son/daughter. We further agree to permit our son/daughter to participate in athletics with the conditions as set forth in the Athletic Code of Conduct. We understand that the Athletic Code of Conduct is in effect for twelve months from the date listed below. _____ Date: Athlete Signature: x Parent/Guardian Signature: x Date: SECTION 3: NOTIFICATION OF RISK OF INJURY Participation in any athletic sport carries with it an increased possibility of injury, some of which could be serious and permanent nature, or even death. While coaches will utilize the most current, medically sound conditioning methods and teach only safe, competitive techniques in preparing athletes, the possibility of serious injury still exists. Athletes also have responsibilities to exercise caution and use only approved, safe playing techniques in practice and competition. In addition, all athletes should avail themselves of off-season strength training and conditioning programs available in the schools and community in preparation for their specific sports seasons. Having been so cautioned and warned about the possible risk of injury in athletic participation, it is still my desire to participate in athletics, and I hereby further acknowledge, with my signature below, that I do so with the full knowledge and understanding of the risk of serious injury to which I am exposed during all athletic participation. As the parent/guardian of the above athlete I acknowledge, with my signature below, that I fully understand the possibility of the risk of serious injury involved in athletic participation and do hereby grant my son/daughter permission to participate in the sports listed below. Fall Sport Winter Sport Spring Sport Athlete's Signature Parent/Guardian Signature

*PLEASE RETURN THIS FORM TO YOUR ATHLETIC DIRECTOR

Date