

# PARK VIEW MIDDLE SCHOOL / ATHLETIC PARTICIPATION FORM

~ All boys and girls participating in Park View athletics must have this card on file prior to the first practice ~

## PARENT/GUARDIAN PERMISSION

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

The school board of the Mukwonago Area School District requires that all athletes have insurance coverage prior to any athletic practice or competition. If your son/daughter already has medical insurance coverage, you should state the insurance company and policy number below. If your son/daughter does not have medical insurance coverage, First Agency Inc. is available to all participants.

I have coverage with \_\_\_\_\_ Policy # \_\_\_\_\_

I elect First Agency Inc. (registration forms and information are available on the district website)

- In the event of an injury during practice or competition, I grant permission for my son/daughter to be given immediate care and transported if necessary.
- I agree that my son/daughter is to be responsible for all equipment issued to him/her and to pay for any items which are lost or damaged.
- I have read a copy of the athletic rules/regulations and agree that my son/daughter is to abide by the policies as stated in the student handbook. Furthermore, I agree to cooperate and assist with enforcement of the code of conduct.
- I have read and understand the preceding and give permission for the above named student to practice, compete, and represent Park View in interscholastic sports except if restricted by a physician.

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

## STUDENT CONTRACT

I agree to be responsible for all equipment and fundraising items issued to me. I will pay for any items which are lost or damaged. Furthermore, I understand that I will not be eligible for athletic participation until all such delinquencies are cleared up. I have read the eligibility information and understand its content and agree to abide by the guidelines stated. I agree to abide by the common sense rules of Good Citizenship and Healthy Lifestyles. Furthermore, I agree to cooperate with the school in enforcement of Good Citizenship and Healthy Lifestyle Choices.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of licensed physician, surgeon,  
physician assistant, or nurse practitioner:**

\_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ **Date of Exam:** \_\_\_\_\_

**The named student above has been examined and may participate in interscholastic athletics except as follow:**

If none, write NONE: \_\_\_\_\_

Restrictions: \_\_\_\_\_

\_\_\_\_\_

Approved for only one year of competition:

\_\_\_\_\_

Check this box if this is an alternate year physical (valid physical on file at PVMS)

\*A physical examination is good for two years from the date of exam

Check any/all sports that you plan to participate in:

FALL		WINTER	
<input type="checkbox"/>	Cross Country (Boys/Girls)	<input type="checkbox"/>	Boys' Basketball
<input type="checkbox"/>	Girls' Basketball	<input type="checkbox"/>	Wrestling
<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	Girls' Volleyball
SPRING			
<input type="checkbox"/>	Track & Field (Boys/Girls)		
<input type="checkbox"/>	Tennis (Boys/Girls)		

**PARTICIPATION FEE**

\$75/student per sport

Park View family max- \$300

District wide family max- \$400

**ELIGIBILITY REQUIREMENTS**

Students must maintain at least a 1.8 grade point average and have no more than 1 F for each 9 week grading period

## PARENT & ATHLETE CONCUSSION AWARENESS AGREEMENT

*As a Parent and as an Athlete, it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.*

### Parent Agreement

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information (<http://www.masd.k12.wi.us/parents-students/masd-forms.cfm#AthForms>) and 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 providing written clearance from an appropriate health care provider to his/her coach.*

*I understand the possible consequences of my child returning to practice/play too soon.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Athlete Agreement

I \_\_\_\_\_ have **read** the Athlete Concussion and Head Injury Information (<http://www.masd.k12.wi.us/parents-students/masd-forms.cfm#AthForms>) and **understand** what a concussion is and how it may be caused.

*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 provide written clearance from an appropriate health care provider to my coach before returning to practice/play.*

*I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.*

**Athlete Signature** \_\_\_\_\_ **Date** \_\_\_\_\_