

Athlete's Name _____

Grade _____

2014-2015 SCHOOL YEAR

**PARENT/ATHLETE INFORMED CONSENT SIGNATURE FORM
and
PARENT CONTACT INFORMATION**

PARENT AND ATHLETE INITIAL 1-7, BELOW.

<u>Parent</u>	<u>Student</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- (1) Academic, Attendance & Behavior Codes (Pgs. 3-6)
- (2) Concussion Statement of Acknowledgement (Pgs. 7-9)
- (3) Risk of Injury (Pgs. 10-11)
- (4) Parent/Athlete Sport Compact (Pgs. 11-12)
- (5) Sports Medicine Authorization (Pgs. 12-13)
- (6) Transportation Policy (Pg. 13)
- (7) WIAA High School Athletic Eligibility
Information Bulletin (Pg. 14)

By signing and initializing this, I indicate that I have knowledge, understanding and agreement to these standards set forth in The Family Athletic Handbook in order for my son/daughter to be afforded the privilege of representing The Prairie School as a student athlete. I am also aware that any violation on the part of my child or myself, to any of these standards shall result in the consequences contained within this school policy.

We acknowledge that we have read the above information. We further agree not to hold The Prairie School, its Board of Trustees, Officers and Agents responsible for any injury occurring to the above named student in the proper course of such athletic activities or travel

Parent Signature _____

Date _____

Student Athlete Signature _____

Date _____

PARENT CONTACT INFORMATION

Parent or Guardian

(Only the Athletic Department, Coaches or Team Parents will use this information)

Parents Name(s):	_____	_____
Phone Number (Cell)	_____	_____
Phone Number (Work)	_____	_____
E-Mail	_____	_____