



2016 MS Basketball Registration Form

One form per student. Forms due by Thurs., October 20, 2016



THE PRAIRIE SCHOOL

Return form to: The Middle School Office - or -
FAX form to: (262) 752-2601 - or -
Email form to: dpanthofer@prairieschool.com

If you have questions, please email or call:
Sandy Freres, CMAA, Athletic Director, Phone: 262-752-2600
Email: sfreres@prairieschool.com

Name: _____

Gender (check one)

_____ Boy
_____ Girl

Grade Level (check one)

_____ 5th Grade
_____ 6th Grade
_____ 7th Grade
_____ 8th Grade

For students with health issues that require emergency medication: Please inform your child's coach of any health concerns.

If your child has a severe allergy that requires an Epi-Pen or needs an Inhaler, please indicate this information on this form.

Please provide your coach with the medication or provide access to it. We will not take emergency medications from the Health Office. Training of the coach and staff is provided.

Your child's coach will carry the medication to practice and events for the duration of the season and will return the medication to you at the end of the season.

If the physician has cleared your child to carry his/her own medication, please inform the coach.

_____ Epi-Pen _____ Inhaler _____ Cleared by physician to carry own medication _____ Parent/Guardian signature _____ Date

CONCUSSION STATEMENT OF ACKNOWLEDGEMENT

In order to comply with all aspects of Wisconsin Act 172, the following statement of acknowledgement must be signed and returned to the Prairie School Athletic Department.

Parent/Guardian Statement I, _____ have read the Concussion Fact Sheet for Parent(s)/Guardian(s) and Athletes information and further acknowledge, agree and understand the signs and symptoms of concussion and how it may be caused. I also understand the common signs, symptoms and behaviors. I agree that my child/ward must be removed from practice/play if a concussion is suspected.

I acknowledge, agree and understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I acknowledge, agree and understand that my child/ward cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I acknowledge, agree and understand the possible consequences of my child/ward returning to practice/play too soon.

Parent/Guardian Signature _____ Date _____

Athlete Statement I, _____ have read the Concussion Fact Sheet for Parent(s)/Guardian(s) and Athletes Information and acknowledge, agree and understand the signs and symptoms of concussion and how it may be caused.

I acknowledge, agree and understand the importance of reporting a suspected concussion to my coaches, athletic trainer and my parent(s)/guardian(s).

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

Student Athlete Signature _____ Date _____