

**Activities Code Agreement/Athletic Permit Card**

**Notice and Consent Statement**

1. We understand that participation in school sponsored extra-curricular activities is a privilege and that such participation is voluntary. We are aware that playing or practicing to play/participate in any extra-curricular activity can be dangerous, involving MANY RISKS OF INJURY. We understand that some risk is assumed by the participant as a matter of participating.
2. We further understand that some of these activities, i.e. football, wrestling, and baseball involve even greater risk of injury than others and that such injuries can be permanently disabling, crippling or fatal.
3. Because of the dangers of participating in such activities, I/we recognize the importance of following the coach's/advisor's instructions regarding playing techniques, training, and other rules and agree to obey such instructions.

**Parent/Adult Student Activities Code Agreement/Athletic Permit Card:**

Check all activities in which you do **NOT** give permission for participation. I understand it is my responsibility to contact Boyceville Schools if this activities list should change.

- |                                     |   |                                   |                                   |                                     |
|-------------------------------------|---|-----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Baseball   | <input type="checkbox"/> Cross Country      | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Dance/Cheerleading | <input type="checkbox"/> Hockey   | <input type="checkbox"/> Track    | <input type="checkbox"/> Wrestling  |

1. I have received, read and understand the Boyceville Activities Code including the Concussion and Head Injury Information and I agree to assist in the enforcement of its principles.
2. I have read and understand the Notice and Consent Statement printed above, am aware of the risks involved in extra-curricular participation, and give my consent for my son/daughter to participate in extra-curricular activities sponsored by the school, **except those checked above.**
3. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
4. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to:
  - Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.
  - It is recommended that information regarding your child's allergies and prescribed medication be made available.
5. If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing card.
6. I understand that the school does not provide any medical or dental insurance for students.
7. I will assume responsibility for equipment issued to my son/daughter which shall be returned after the completion of the sports season, or I will reimburse the school for replacement costs.
8. I understand that my signature is binding until my child graduates or relocates from this school district.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Activities Code Agreement:**

1. I have received, read and understand the Boyceville Activities Code including the Concussion and Head Injury Information and I agree to abide by its principles.
2. I have read and understand the Notice and Consent Statement printed above.
3. I understand that my signature is binding until graduation or relocation from this school district.
4. I understand that any violation of the code will require me to repeat the process listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*This form must be completed, signed, and turned into the high school office before participation.\*\***