

2020-2021 Racine Lutheran Athletics Agreement

- I have read, understand, and will honor the information and policies contained in the Athletic Handbook pertaining to **participation and eligibility**, including attendance issues and academic eligibility.
- I have read, understand, and will honor the information and policies contained in the Athletic Handbook pertaining to the **code of conduct and social media policy** including violations and consequences of the code.
- I have read and understand the **transportation policy** and agree that I shall assume all liability for negligently caused injuries resulting from the following situations: When I transport my son/daughter to or from a scheduled event; when I transport other students to or from a scheduled event, or I, as a parent/guardian, give permission to another adult to transport my son/daughter home from a scheduled event and have explained to the designated individual that s/he will assume all liability; when my son/daughter transports himself/herself to or from a scheduled event; or when my son/daughter transports other students to or from a practice or scheduled event. I also agree that Racine Lutheran High School shall assume no liability whatsoever for negligently caused injuries resulting from the above situations or any other situation where contracted transportation is not being used to transport athletes.
- I have received and understand the details contained in the 2019-2020 **WIAA High School Athletic Eligibility Information Bulletin** and I have been informed of the policies of the WIAA.
- I understand that there are inherent risks associated with athletic practice and competition. I acknowledge that Lutheran High will minimize risks whenever possible, but bodily harm, including serious injury or death, could result from normal physical activity.
- I acknowledge that our family has health insurance which covers the athlete, and that any claims for injuries sustained as a result of participation are to be filed with the family's insurance carrier.
- I recognize that Racine Lutheran contracts with Ascension Healthcare for its Athletic Training Services. I acknowledge that I have received a copy of the **Consent to Treat—Liability Waiver** and by undersigning here authorize services from Ascension for appropriate treatment of injury.
- I have received a copy of the **Metro Classic Sports Compact** and recognize the importance that my behavior plays in positively supporting student-athletes. I will, as a competitor or as a spectator, strive to exhibit good sportsmanship and conduct myself as a Christian by refraining from any comments that are derogatory, disruptive, disrespectful, or demeaning to opponents, officials, or fans.
- I agree to be financially responsible for any missing or damaged uniforms or equipment that is issued to me by Racine Lutheran High. I agree that I will pay a \$1 per day fine for any uniforms that have been kept for more than two weeks after the end of the season.
- I agree to be supportive of the Racine Lutheran coaching staff and will abide by the **conflict resolution policy** as listed in the Athletic Handbook if conflicts arise.

This Athletic Agreement will be enforced and valid from the first day of practice for a period of one calendar year.

By our signatures, we agree to abide by the items described above.

Student-Athlete Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

This agreement must be returned to the Athletic Office to receive your clearance card prior to the first day of practice.

Parent and Athlete Concussion 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 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 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 _____



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