

Sweetwater County School District #2 Activities Department

Required Student-Participant Registration Form

X _____ STUDENT-PARTICIPANT – ASSUMPTION OF RISK

Parent Initials Student Initials

Participation in all activities requires the acceptance of risk of possible serious injury. The risk can be minimized by following your coaches' rules and procedures, by familiarizing yourself with the rules of the activity, and by following the specific rules issued by manufacturers for the safe use of your activity equipment. The risk is always there, but you can help minimize it by making safety a shared responsibility. When you make the decision to participate in an activity, you are assuming the shared responsibility of following the activity's rules, the coaches' rules, and the equipment manufacturer's rules. You, as a participant, can help make the activity safer by not intentionally using techniques which are illegal and which can cause serious injury.

Your **INITIALS** on this form indicate that you have been informed about the importance of following rules in activities participation; and you realize that there is a risk of being injured that is inherent in all activities. You realize that the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis, or even death.

X _____ PARENT OR LEGAL GUARDIAN INFORMED CONSENT – ASSUMPTION OF RISK/EMERGENCY MEDICAL ASSISTANCE

Parent Initials Student Initials

I, the parent or guardian of _____, realize that there is the risk of my son/daughter being injured that is inherent in all activities participation. I realize that the injury may be severe, including the possibility of fractures, brain injury, paralysis, or even death.

I hereby give my consent for my son/daughter to participate in the student activity programs offered by Sweetwater County School District #2, except those specifically listed on the Registration Section listed on the back of this form, and will abide by all policies governing these programs.

I hereby authorize Sweetwater County School District #2 and its members in charge of my child named above, and on the Registration Section listed on the back of this form, to obtain all necessary medical care for my child in the event that I cannot be reached to authorize it myself. I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child.

X _____ ACTIVITIES DEPARTMENT CONTRACT – STUDENT-PARTICIPANT AGREEMENT

Parent Initials Student Initials

Participation in activities is strictly voluntary and is regarded as a privilege.

General Academic Eligibility: Students must meet the eligibility standards of both the Wyoming High School Activities Association (WHSAA) and the Sweetwater County School District #2. Please refer to Eligibility Guidelines in the Activities Handbook.

Students who live within the boundaries of Sweetwater County School District #2, and are home-schooled, will be allowed to participate in activities under the same guidelines as students of Sweetwater County School District #2., pending meeting SCSD#2 and WHSAA requirements.

Participants must have the following documents on file with each Coach/Sponsor prior to participating in any practices or events: Student-Participant Assumption of Risk Form, Parent or Legal Guardian Informed Consent Form, Activities Department Contract, WHSAA/SCSD#2 Physical Form Notice, Concussion Information Form, WHSAA High School Eligibility Form, and the Registration Form. NOTE: the completion and signing of this entire form along with the WHSAA/SCSD#2 Form will meet these requirements. Students must have all participation fees paid prior to participating in an activity.
Activity Contract

All rules will be in effect for the entirety of the season. The length of season will be defined as the first day of practice for that activity as stipulated by the WHSAA or the first organized practice determined by the Coach/Sponsor, and ending with the final event in which GRHS participates and the culminating celebration (banquet).

1. Students will be expected to be good school and community citizens while taking part in school activities and on activity trips. Students are reminded that all school rules apply during travel as well as during the participation in the activity.
2. Hazing of students or Harassment of any kind is strictly forbidden. A student who engages in these activities will be subject to disciplinary action.
3. Proper dress and grooming guidelines, appropriate for the respective activities, shall be required. These standards shall be set and then shared with participants by the individual activity Coach/Sponsor.
4. Students are expected to be in school every day. Students must be in school all day on the day of an event in order to participate. The Activities Director and the Building Principal may consider exceptions.
5. Practice and contest attendance is mandatory. Absence from practices or contests should be cleared with Coach or Sponsor prior to such absence if at all possible. Unexcused absences can result in suspension from competition or extra workouts to make up for the absence. Repeated unexcused absences (two or more) may result in disciplinary action, which may include dismissal from the squad or team. The Activities Director will be made aware in writing of discipline and participants who are no longer official participants. The Principal will make the determination on Faculty Excused absences.
6. The student has the right to appeal any dismissal. This should be done within 48 hours of dismissal via the Activities Director.
7. Students caught or admitting to using or possessing chewing tobacco, smoking tobacco or any smoking substance of any kind, alcohol, drugs, weapons, theft, extortion, vandalism, and the use or possession of e-cigarettes and vapor products/devices, regardless of the substance being used, will be subject to severe disciplinary action. Please refer to the Activities Handbook for specifics.
8. Students are highly discouraged from quitting one activity and subsequently trying out for another activity during the same season. However, if a student is cut from one program for non-disciplinary reasons, that individual may still try out for another activity with permission of the Coach/Sponsor.
9. A breach of the above rules or any other stipulated by the Coach or Sponsor, which may occur between the end of the season and any subsequent banquet for the sport or activity, will result in the participant being denied the privilege of attending that event. All Activities Handbook policies apply to this contract.

X _____ WHSAA/SCSD#2 PHYSICAL FORM NOTICE – THE REQUIRED PHYSICAL FORM IS COMPLETED IN FULL AND DATED

Parent Initials Student Initials

AFTER MAY 1

The WHSAA/SCSD#2 PHYSICAL FORM has been turned in to the District Activities Office or the Main Office of my school (LMS or MIS) prior to any participation in practice and/or any scheduled competition/events. All required signatures and examination information are complete and the Physical Form is dated after May 1 for the upcoming year.

I understand that Sweetwater County School District #2 **DOES NOT** provide medical health insurance benefits for students who choose to participate in school sponsored activities programs. **Medical insurance must be provided in order for the student to participate.** I've provided health insurance information on the Physical Form. For those students with no medical insurance, the school district can provide information on an affordable and seasonal insurance option.

**THIS DOCUMENT IS 2 PAGES...
THE BACK SIDE OF THIS FORM MUST BE COMPLETED**

X _____
Parent Initials Student Initials
CONCUSSION INFORMATION – I HAVE BEEN ISSUED THIS FORM IN ITS ENTIRETY – I HAVE READ THE CONCUSSION INFORMATION. I UNDERSTAND THAT IT IS ESSENTIAL THAT I DISCLOSE ANY INCIDENTS OUTSIDE OF SCHOOL OR DURING SCHOOL ACTIVITIES THAT HAVE OCCURRED IN WHICH THE AFORMENTIONED SYMPTOMS WERE PRESENT – THIS DISCLOSURE WILL BE MADE TO THE HEAD COACH/SPONSOR AND ACTIVITIES DIRECTOR

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a ding or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussions may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention immediately.

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of a concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for the athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. You should also inform your child's coach/sponsor if you think that your child may have a concussion. Remember, it is better to miss one game than miss the whole season, and **when in doubt, the athlete sits out.**

Duty to Report

If your child has sustained a concussion, been rendered unconscious, or suffered a head injury of any kind outside of the school setting it is the responsibility of the parent to report this injury to the coach. Many times head injuries occur on the weekends, evenings, etc. outside the care of the coach. It is critical that school personnel are made aware of such injury so they may take the appropriate measures.

X _____
Parent Initials Student Initials
WHSAA HIGH SCHOOL ELIGIBILITY – I HAVE BEEN ISSUED THE WHSAA ELIGIBILITY PAMPHLET – I HAVE READ AND UNDERSTAND ITS CONTENTS

The purpose of this pamphlet is to help you protect your eligibility. The WHSAA believes that you should know the rules that determine your eligibility. Most pupils who find themselves ineligible do so for one of two reasons: (1) They do not know the eligibility rules, or (2) They disregard these rules with the hope that no one will discover the violation. The rules of the Wyoming High School Activities Association are explained in the following paragraphs. Please understand that this form and the WHSAA pamphlet contain only a summary of the rules. You should read the rules carefully so that you understand them, and abide by them so that you are eligible to enjoy the privilege of interscholastic competition. Since this form and the WHSAA pamphlet are only a summary of the rules, please contact your Principal or Athletic Director for specific information of any rules you are unsure about.

These eligibility rules were not developed by chance, but have been developed gradually over a period of years by necessity to protect the welfare of youth and to ensure that interscholastic activities provide experiences of educational value to pupils. Only when activities provide such experience can they be justified as part of the total educational program. All of these rules have been voted on by the member schools of the WHSAA.

Eligibility to participate in interscholastic contests is a privilege to be attained by meeting the standards set forth by your school and by the WHSAA. Because your school is a member of the Wyoming High School Activities Association, it adopts the rules of this Association as minimum eligibility rules. Your School Board, Superintendent, Activities Director, and Principal have the authority to establish any additional rules which they feel are beneficial to your school. Furthermore, coaches and sponsors may adopt training rules they deem advisable in the best interests of individual pupils and the team, so long as they are not in violation of the policies of the local school board. Abiding by these rules and policies makes you eligible to take part in the activities program.

A complete copy of the WHSAA Rules Handbook can be found on the WHSAA Web Site <www.whsaa.org>. Following each rule in () is the WHSAA Handbook reference number for that rule. Please refer to the SCSD#2 Activities Handbook for local school eligibility policies.

REGISTRATION FORM – ALL APPLICABLE INFORMATION IN THIS SECTION MUST BE COMPLETED

Student's Name: _____ **Home Phone Number:** _____

Father's or Legal Guardian Work Phone: _____ **Cell** _____ **Address** _____

Mother's or Legal Guardian Work Phone: _____ **Cell** _____ **Address (if different than above)** _____

Emergency Contact Information: (Other than Parents or Legal Guardian)

Name: _____ H _____ C _____ W _____

Name: _____ H _____ C _____ W _____

****Please exclude my son/daughter from the following activities:** _____

Signatures below indicate you have read and understand the SCSD#2 Activities Handbook, all of the information, warnings, and policies in this form, and you give consent for emergency medical assistance that might be needed

X _____
Signature of Parent/Guardian **PRINTED** Signature of Parent/Legal Guardian Date: _____

X _____
Signature of Student **PRINTED** Signature of Student Date: _____