

Washington Island School District/ Emergency Contact Form

Student Information:

First Name: _____ Last Name: _____ Age: _____

DOB: ___ / ___ / ___ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Primary Emergency Contact:

Parent/Legal Guardian's Name: _____ Relationship to Child _____

Primary Phone Number: _____ Secondary Phone Number: _____

Alternate Emergency Contact:

Alternate Contact's Name: _____ Relationship to Child: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Alternate Emergency Contact:

Alternate Contact's Name: _____ Relationship to Child: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Alternate Emergency Contact:

Alternate Contact's Name: _____ Relationship to Child: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

- I HAVE READ, REVIEWED, AND UNDERSTAND THE WISD ATHLETIC AND CO-CURRICULAR CODE OF CONDUCT.
- I AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PAGES OF THIS POLICY AND ALL OTHERS ESTABLISHED BY THE COACHES OF MY SPORT.

DATE

ATHLETE'S SIGNATURE - NAME

- I AGREE TO PAY FOR ANY EQUIPMENT WHICH I MAY LOSE, MISPLACE OR DAMAGE THROUGH CARELESSNESS OR INTENT.
- I FURTHER AGREE TO ASSUME FULL RESPONSIBILITY FOR ALL EQUIPMENT ISSUED TO ME AND TO CONFINE THE USE OF THAT EQUIPMENT TO PRACTICE, GAMES OR MEETS.

DATE

ATHLETE'S SIGNATURE - NAME

- WE, AS THE PARENTS-GUARDIAN(S) OF _____, HAVE READ, REVIEWED, AND UNDERSTAND THE RULES AND POLICIES SET FORTH FOR ATHLETIC PARTICIPATION AND GIVE OUR SON/DAUGHTER PERMISSION TO PARTICIPATE UNDER THESE CONDITIONS.
- WE WILL DO OUR PART IN SEEING THAT HE/SHE FOLLOWS THESE RULES AND REGULATIONS. WE RECOGNIZE THAT FAILURE OF OUR SON/DAUGHTER TO FOLLOW THESE RULES AND POLICIES SUBJECT THEM TO PENALTIES SET FORTH IN THE RULES AND POLICIES AND WILL ABSOLVE THE DISTRICT OF ANY LIABILITY OR RESPONSIBILITY ARISING THROUGH THE SCHOOL'S OFFERING OF EXTRACURRICULAR ACTIVITIES.

DATE

PARENTS' SIGNATURE - NAME

Student DISCLOSURE AND CONSENT FORM
Appendix A

Acknowledgement Receipt of Education and Responsibility to report
signs and symptoms of concussion

I, _____ (student name),
of the WISD, acknowledge that I have to be an active participant in my own health care. I have
the direct responsibility for reporting any/all of my injuries and illnesses to my coach, the staff
and/or administration of the WISD.

I recognize that my true physical condition is dependent upon the accurate medical history and
full disclosure of my symptoms, complaints, prior injuries, and/or disabilities that I have-are
experiencing.

I hereby affirm that I have fully disclosed in writing, any prior medical conditions, and will also
disclose any/all future conditions of the sport and/or activity to which I am a member. I will
report this information to my coach, advisor, WISD staff and/or administration immediately.

I further understand that there is a possibility that participation in any of my sports and/or
activities may result in head injury and/or concussion. I hereby acknowledge having received
education, and information about signs, symptoms, and the risk of sports and/or activities
related to concussion. I also acknowledge my responsibility to report to my coaches,
parent-guardian(s), and/all signs or symptoms of a concussion immediately.

student signature

date

DOOR County Medical Center

WISD

Parent-Guardian DISCLOSURE AND CONSENT FORM
Appendix B

Acknowledgement Receipt of Education and Responsibility to report
signs and symptoms of concussion

I, the parent-guardian(s) of _____ (student name),
of the WISD acknowledge that I have to be an active participant in my child's health
care. I have the direct responsibility for reporting any/all of my child's injuries and/or
illnesses to the coaches, WISD staff and/or administration.

I recognize that my child's true physical condition is dependent upon an accurate
medical history and full disclosure of any/all symptoms, complaints, prior injuries,
and/or disabilities experienced in any/all sports and activities.

I hereby affirm that I have fully disclosed in writing, any/all of my child's prior medical
conditions, and will also disclose any/all future conditions to the coaches, advisors,
WISD staff and administration immediately.

I further understand that there is a possibility that my child's participation in any/all
sports or activities may result in a head injury and/or concussion. I also acknowledge
my responsibility to properly care for and report any/all signs, symptoms of a
concussion that my child may exhibit.

Signature of parent-guardian(s)

Date

WASHINGTON ISLAND SCHOOL DISTRICT
TRANSPORTATION WAIVER FORM

Parent/Guardian Waiver of District Provided Transportation for School Sponsored Events

I understand that the Washington Island School District provides transportation to and from school sponsored events, and in the interest of supervision and safety the District requires that all student participants use this available transportation.

I am hereby notifying the Washington Island School District that I am providing personal transportation or arranging alternate transportation with an adult family member (21 years of age or older) or a parent/guardian of another student.

(check one) to from both ways

for: (please print)

- Name of student: _____
- Name of event: _____
- Date of event: _____ For Athletics: Entire Season*
- Location of event: _____
- Person transporting student: _____
- Relationship to student: _____

As parent or guardian of the above student, I assume responsibility for the transportation of the student from the event described above and agree to hold harmless and indemnify the Washington Island School District, its administrators, employees and agents from any liability or claims of damages which may relate in any manner to the transportation of the above student from the above event(s).

I also acknowledge the following:

- A. The district is not exerting any supervisory control over how my child is being transported
- B. I am providing/arranging transportation for only my child/ren

Completed forms must be given to the activity advisor/coach before the event. Activity advisors/coaches may have additional rules about transportation to/from events.

Parent/Guardian Signature

Date

* This option may only be used in cases when parents/guardians transport their own students; parents/guardians are still required to sign their student out with the coach at the end of each event for which they are transporting. Students being transported by anyone other than their own parent/guardian are required to submit a separate Transportation Waiver Form for each occurrence.