

**PARENT – ATHLETE RULES OF ELIGIBILITY  
SIGN-OFF FORM 2011 – 2012**

I certify that I have read, understand, and agree to abide by all of the information contained in the WIAA rules of eligibility bulletin. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

**This form must be completed and submitted to the Athletic Director prior to a student being declared eligible to practice and compete.**

**PARENT-ATHLETE AGREEMENT TO ABIDE BY THE WLA CODE OF CONDUCT**

1. We have read and understand the WLA Athletic Code. If we need clarification we will contact the Athletic Office at 921-4930.
2. I agree to abide by the Athletic Code and realize that any violation on my part will result in the restrictions set forth in the code. I will also have the integrity to inform my coach and athletic director if I ever violate this code in the future.

\_\_\_\_\_  
Athlete (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grade

3. As a parent(s)/guardian(s) of a student participating in the WLA athletic program, I/we Support our child's agreement to abide by all of the rules as stated in the Athletic Code.

\_\_\_\_\_  
Parent/Guardians Signature

\_\_\_\_\_  
Date

**ASSUMPTION OF RISK STATEMENT**

I understand that playing sports can cause genuine risks to anyone who engages in them. Because of the dangers of participating in sports, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, and agree to obey such instructions.

In consideration of Winnebago Lutheran Academy permitting me to try out for the WLA sports teams and to engage in all activities related to the sport, I hereby assume all the risks associated with participation and agree to hold the Academy harmless from any liability which may arise in connection with my participation in sports. I do voluntarily choose to participate in WLA athletics in spite of inherent risks.

My signature below indicates that I have read this statement, understood it completely, and agree to be bound by its terms.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardians Signature

\_\_\_\_\_  
Date