



Registration and Participation Consent Form

Please complete all sections of this form for the athlete named below. Please complete one form for each athlete in your family. In addition to this form a WIAA Physical Form or Alternate Year card is required as well as an ImPACT test consent form. ***Athletes will not be allowed to participate in practice or contests until all required paperwork is on file in the WLA office.***

Student Name _____ Grade _____

Athletic Handbook, including, but not limited to the Athletic Code of Contact

I have received a copy of, read, and understand the Winnebago Lutheran Academy Athletic Code of Conduct. I agree to abide by the Code of Conduct as a WLA athlete. I also understand that the WLA code of conduct is in effect twelve months of the year. As parent/guardian I give permission to my child to participate in athletics offered by Winnebago Lutheran Academy. Winnebago Lutheran Academy, its staff, coaches, volunteers and agents cannot be held liable for any injury/illness suffered as a result of these activities. As parent/guardian I assume the liability and responsibility for any and all risk associated, both physical and financial.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Wisconsin Interscholastic Athletic Association (WIAA) Eligibility Form

I have received a copy of, read, and understand the WIAA Eligibility Information Bulletin. I agree to abide by all WIAA rules and regulations as they apply to athletic participation while I am a student at WLA. I also understand that the WIAA rules are in effect twelve months of the year.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Parent Athlete Participation and Treatment Consent

Parental or guardian consent must be granted annually for student-athlete participation. As parent or guardian, with your signature consent to allow the student named below to engage in interscholastic athletics sponsored by WLA during the current school year. Furthermore, permission is granted this athlete to accompany teams he or she is a member of on out-of-town trips. It is understood that this child will also be expected to firmly adhere to all established school and athletic policies. I hereby grant permission to Winnebago Lutheran Academy and its representatives to seek medical attention for illness and/or injury incurred during practice or competition. I have provided detailed and up-to-date medical information via this student's Power School profile.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Parent and Athlete Agreement

Parent 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 Signature _____ Date _____

Athlete Agreement

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.

Student Signature _____ Date _____