

St. Croix Central High School



FEMALE ATHLETE

2016-2017

(PLEASE COMPLETE BOTH SIDES)

I have read, understand and agree to abide by all of the information contained in the **SCC Athletic Code**. Furthermore, I certify that I have read, understand, have had my questions answered and agree to abide by all of the information regarding the **WIAA eligibility rules**. I further certify that if I do not understand any information contained in the SCC Athletic Code and the WIAA eligibility rules, I have sought and received an explanation of the information prior to signing this statement.

Athlete's Name: _____ Athlete's Signature: _____

Parent's Name: _____ Parent's Signature: _____

Athlete information:

Birthdate: _____ City of Birth: _____

County of Birth: _____ State of Birth: _____

Physical Date: _____ Green/Yellow WIAA Form turned in? YES NO

___ Yes ___ No Did you transfer from another high school and/or school district this year?

___ Yes ___ No Are you an open enrolled student?

___ Yes ___ No Is your primary residence within the St. Croix Central School District?

Please indicate what sports you plan to participate in:

Fall:

___ Volleyball ___ Cross Country ___ Girl's Golf ___ Dance ___ Cheerleading

Winter:

___ Basketball ___ Dance ___ Cheerleading ___ Hockey

Spring:

___ Softball ___ Track & Field

This form must be completed and turned into the athletic department prior to a student being declared eligible for athletics for the 2016-2017 school year.

(PLEASE TURN OVER AND COMPLETE CONCUSSION AGREEMENT)

St. Croix Central High School Concussion Agreement

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the “Participant and Parental Disclosure and Consent Document”.

I, _____, of St. Croix Central High School
Student/Athlete Name

hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. 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.

printed name of student/athlete

signature of student/athlete

Date

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. 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.

printed name of parent/guardian

signature of parent/guardian

Date