

Parent and Athlete Concussion / Sudden Cardiac Arrest Agreement

2023-2024 Racine Lutheran Athletics Agreement

- I have read, understand, and will honor the information and policies contained in the Athletic Handbook pertaining to **participation and eligibility**, including attendance issues and academic eligibility.
- I have read, understand, and will honor the information and policies contained in the Athletic Handbook pertaining to the **code of conduct and social media policy** including violations and consequences of the code.
- I have read and understand the **transportation policy** and agree that I shall assume all liability for negligently caused injuries resulting from the following situations: When I transport my son/daughter to or from a scheduled event; when I transport other students to or from a scheduled event, or I, as a parent/guardian, give permission to another adult to transport my son/daughter home from a scheduled event and have explained to the designated individual that s/he will assume all liability; when my son/daughter transports himself/herself to or from a scheduled event; or when my son/daughter transports other students to or from a practice or scheduled event. I also agree that Racine Lutheran High School shall assume no liability whatsoever for negligently caused injuries resulting from the above situations or any other situation where contracted transportation is not being used to transport athletes.
- I have received and understand the details contained in the 2022-2023 **WIAA High School Athletic Eligibility Information Bulletin** and I have been informed of the policies of the WIAA.
- I understand that there are inherent risks associated with athletic practice and competition. I acknowledge that Lutheran High will minimize risks whenever possible, but bodily harm, including serious injury or death, could result from normal physical activity.
- I acknowledge that our family has health insurance which covers the athlete, and that any claims for injuries sustained as a result of participation are to be filed with the family's insurance carrier.
- I recognize that Racine Lutheran contracts with Ascension Healthcare for its Athletic Training Services. I acknowledge that I have received a copy of the **Consent to Treat—Liability Waiver** and by undersigning here authorize services from Ascension for appropriate treatment of injury.
- I have received a copy of the **Metro Classic Sports Compact** and recognize the importance that my behavior plays in positively supporting student-athletes. I will, as a competitor or as a spectator, strive to exhibit good sportsmanship and conduct myself as a Christian by refraining from any comments that are derogatory, disruptive, disrespectful, or demeaning to opponents, officials, or fans.
- I agree to be financially responsible for any missing or damaged uniforms or equipment that is issued to me by Racine Lutheran High. I agree that I will pay a \$1 per day fine for any uniforms that have been kept for more than two weeks after the end of the season.
- I agree to be supportive of the Racine Lutheran coaching staff and will abide by the **conflict resolution policy** as listed in the Athletic Handbook if conflicts arise.

This Athletic Agreement will be enforced and valid from the first day of practice for a period of one calendar year.

By our signatures, we agree to abide by the items described above.

Student-Athlete Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

This agreement must be returned to the Athletic Office to receive your clearance card prior to the first day of practice.

As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet.

Parent Agreement:

I, _____ have read the DPI's Concussion and Head Injury Information sheet. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) websites. I 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 they are evaluated by an appropriate health care provider and provide written clearance from the health care provider to their coach.

I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly.

I have read the Sudden Cardiac Arrest information sheet. I understand that my child should stop activity/exercise immediately if they have any warning signs of sudden cardiac arrest. I understand it is recommended if my child has any warning signs of sudden cardiac arrest while exercising, they have a medical examination before exercising or returning to participation in their sport. I understand that I or my child should report a family history of heart problems or warning signs of sudden cardiac arrest to the healthcare provider doing the medical examination.

I understand how to request at my cost the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity. I understand the athletic director may be able to assist me.

Parent/Guardian Signature

Date _____

Athlete Agreement:

I, _____ have read the Concussion and Head Injury Information sheet. I have had the opportunity to read more information on concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. 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 be evaluated by an appropriate health care provider and provide to my coach written clearance to participate in the activity from the health care provider before I may return to practice/play

I understand that after a head injury my brain needs time to heal and that it may not heal properly if I return to practice/play too soon.

I have read the Sudden Cardiac Arrest Information sheet. I understand that I should stop activity/exercise immediately if I have any warning signs of sudden cardiac arrest and report the symptoms to my coaches and my parents/guardians.

Athlete Signature

Date _____