

**2018-19 Greendale High School
Activities and Athletic Information**

Last Name: _____ First Name: _____
Address: _____ City/State: _____
Home Phone: _____ Work Phone: _____
Physician: _____ Dentist: _____
Year of Graduation: _____ Current Grade: _____

Greendale High School Co-Curricular Code

STUDENTS:

This application to compete in activities and/or interscholastic athletics for Greendale schools is made with the understanding that I have not violated any of the eligibility rules and regulations of the WIAA and/or the Greendale Board of Education (Activities and Athletics). I have read and understand the Greendale High School Co-Curricular Code and eligibility rules. I agree to abide by the code and acknowledge that failure to do so can result in loss or limitation of the privilege of participation in interscholastic athletics and/or Greendale High School Activities/Clubs.

Student's Signature: _____ Date: _____

If you are only participating in GHS Clubs/Activities no further information is needed. Please return this form to your club advisor or the GHS Activities/Athletics Office.

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Greendale High School Code of Conduct is available at:
http://www.greendale.k12.wi.us/GHS/athletics_assets/GHSAthactCodeUpdatedNov2010.pdf

Greendale High School Athletic Physical

If your student had a physical dated after April 1, 2017
You should contact your child's coach and/or the Athletic Department to verify the date of physical,
check the box below, and skip the physical form section of the Athletic Participation Form.

Physical is current for the 2018-19 Athletic Year [] Check if Current

For the 2018-19 school year, athletes wishing to participate in any WIAA supported team and/or athletic season must have a sports physical dated April 1, 2017 or later on file in the Greendale High School Athletic Department prior to the first day of try-outs.

Students will not be permitted to participate in any athletic team (including try-outs) without a valid physical.

PHYSICIAN (SIGNATURE AND DATE OF EXAM REQUIRED)

Student Last, First Name: _____ Date of Examination: _____

Height: _____ Weight: _____

The above name has been examined and there are no contraindications to participating in interscholastic athletic activities except as follows:
Sports or school activities in which student cannot participate are (if none, write none):

If student is restricted or disqualified, please indicate reason(s):

Physician's Signature: _____ Date: _____

Physician Address: _____ Physician Phone: _____

PUBLICITY RELEASE FORM

(To be used for TV Production pictures, web site articles, etc.)

I hereby assign and release all rights to the use of any reproductions of my person (whether still photograph, motion or television pictures) and recordings of my voice, and my name, for reproduction, exhibition, broadcast/cablecast, Internet and/or distribution, or other legal use to the Greendale School District.

Student's Signature: _____ Print Name: _____

I represent that I am the parent (legal guardian) of the named above and I hereby agree to be bound by the above agreement.

Parent's Signature: _____ Date: _____

ATHLETIC PARTICIPATION

PARENTS:

The Board of Education requires parents, or legal guardians, to assume the responsibility of providing accident/health insurance to cover your son/daughter while participating in athletics. It is understood that no claims for any injuries incurred as a result of interscholastic athletics will be made against the school, superintendent, principal, athletic director, coach or against the WIAA. The student listed above is covered by accident/health insurance from the following company:

Insurance Carrier: _____
Address: _____
Name of Insurance Policy (Guarantor): _____

I hereby give my permission for the above-named student to practice, compete and represent Greendale schools in WIAA and Board-approved interscholastic sports except those as restricted. I have read and understand the Greendale Athletic Code of Conduct and eligibility regulations and hereby agree to abide by them. I acknowledge that failure to abide can result in loss or limitation of the privilege of participation in interscholastic athletics. I agree to be financially responsible for the return of all athletic equipment issued to my son/daughter.

I realize that there is a risk of being injured that is inherent in all sports. I realize that the risk of injury might be severe, including the risk of fractures, brain injuries, paralysis or even death. Having been so warned, I hereby give my consent for my son/daughter to participate in sports and athletic activities with full knowledge and understanding of the risk of serious injury that may result. I further grant permission to school personnel to provide immediate emergency care or secure ambulance services in case of illness or injury that may occur during practice or competition.

Parent's Signature: _____ Date: _____

Prior to the first competition you must read the WIAA Rules of Eligibility Bulletin located at:

<http://www.wiaawi.org/forms/eligibilityinfoform.pdf>

After reading, please complete the following:

WIAA PARENT-ATHLETE RULES OF ELIGIBILITY SIGN-OFF

I certify that I have read, understand, and agree to abide by all of the information contained in this 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: _____ Date: _____

Parent/Guardian Signature: _____

Student-Athlete Signature: _____

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

**GREENDALE HIGH SCHOOL
ATHLETICS & ACTIVITIES EMERGENCY CONTACT CARD**

Last Name: _____ First Name: _____ Date of Birth: ____/____/____

Athletic Team or Activity: _____ Level: Freshmen JV Varsity

Father's Name: _____
Does this parent have legal rights to make decisions regarding the medical care of this participant? Yes No

Mother's Name: _____
Does this parent have legal rights to make decisions regarding the medical care of this participant? Yes No

Guardian's Name: _____
Does this guardian have legal rights to make decisions regarding the medical care of this participant? Yes No

Emergency Contact #1 Name: _____ Relationship to Participant _____ Contact's Home Phone: _____ Contact's Cell Phone: _____
Emergency Contact #2 Name: _____ Relationship to Participant _____ Contact's Home Phone: _____ Contact's Cell Phone: _____
Emergency Contact #3 Name: _____ Relationship to Participant _____ Contact's Home Phone: _____ Contact's Cell Phone: _____

Physician: _____ Physician's Phone: _____

Dentist: _____ Dentist's Phone: _____

Hospital/Clinic: _____ Clinic Phone: _____

Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Known Allergies: _____

Current Medications: _____

Special Medical Considerations: If your son/daughter has a medical condition that you feel our coaching/advising staff and/or any emergency medical professional would need to know, please comment below:

Other Forms You May Need

WIAA Transfer Eligibility Form

If your student is new to Greendale, either due to open enrollment, total move of the family, change of custody/placement, or other reason you must contact the Greendale High School Athletic Department and notify the Athletic Director so a Transfer Eligibility Form can be completed. Failure to complete this form, or notify the Athletic Director, could lead to ineligibility for the player and/or team from state competition.

Transportation Form

If another adult will be transporting your student to/from contests, you must complete a Transportation Form, which can be obtained through a coach or the Athletic Department. The form is also available at:

http://www.greendale.k12.wi.us/GHS/athletics_assets/Sports-Transport-2011-12.pdf

If another student will be transporting your student to/from contests, you must complete a Student Transportation

Form, which can be obtained through a coach or the Athletic Department.

If you would like your son/daughter to ride to or from an event in any vehicle other than the team bus, you must complete the district transportation form. Student transportation forms can be obtained through a coach or the

Athletic Department. The form is also available:

http://www.greendale.k12.wi.us/GHS/athletics_assets/Sports-Transport-2011-12.pdf

Please note: All those wishing to transport students must have a valid drivers license and a fully-insured vehicle in order to be permitted to transport students.

Sportsmanship

Parental Sportsmanship:

At Greendale High School, we want to not only offer quality co-curricular programs, but we want to use those programs as a vehicle to instill good character in our students. We strive to embody good sportsmanship through respect, honesty, self-control, discipline, and responsibility. As parents, you serve as the role model for these life lessons. We want students to begin to take responsibility for their actions and communicate if there are any issues during the season. The coach should always be the first line of communication.

Expectations:

- Participate in positive cheers that encourage our team, and help discourage any actions that would redirect that focus in a negative or disrespectful nature to anyone.
 - Respect the efforts and tasks our coaches have as teachers. Support them as they work to educate our children.
 - Respect our opponents and acknowledge them for striving to do their best with positive cheers or by simply refraining from any negative cheers, actions, or disrespect towards them.
 - Maintain a sense of dignity and character under all circumstances.
 - Respect the officials and their authority during games. Please do not discuss or confront coaches or officials at the competition site. Please take the time to speak with coaches at an agreed upon time and place.
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