KIMBERLY HIGH SCHOOL ATHLETIC INFORMATION CARD

THIS CARD MUST BE FILED EVERY YEAR <u>BEFORE</u> PARTICIPATION CAN BEGIN IN ANY ATHLETIC PROGRAM.

- 1. Examination taken *after April 1* is good for the following **TWO SCHOOL YEARS.**
- 2. Examination taken *before April 1* is good for the remainder of that <u>SCHOOL YEAR</u> and the following <u>SCHOOL YEAR</u>.

NAME			EBIRTHDAT	
SPORT PARTICIPATING IN:	First	M.		MM/DD/YYYY
	FALL	W	INTER	SPRING
DATE of Student's Most Recent Medical Statement, check with the Athletic Office for defined to the control of t		ation:		
		to practice and compete and represer ad no injury or illness serious enough		
		ing to the health of the above named acluding emergency medical personn		essary to the proper school
PARENT: If there is any question that this medical advisor before signing this card.	student may not be qua	alified for athletic competition w	ithout, at least, a partial re-ev	aluation, contact your
PARENT/GUARDIAN SIGNAT	URE		DATI	<u> </u>
	EMERGEN	CY INFORMATION		
PARENT NAME				
LAST	FIRST	HOME PHONE NUMBER	ALTERNATE PHO	NE NUMBER
HOME ADDRESS		CITY		ZIP
PHYSICIAN	_ADDRESS			HONE
INSURANCE COMPANY		POLI	ICY OR GROUP NO	
ALERGIES OR ALLERGIC REACTIONS				
 KNOWN SIGNIFICANT MEDICAL CONDITIO				
IN CASE OF EMERGENCY, ATTEMPT TO THE ALTERNATE LISTED BELOW:	CONTACT A PARENT	Γ AT HOME OR AT WORK. IF V	WE CANNOT BE REACHED,	ATTEMPT TO CONTACT
ALTERNATE NAME		PHONE	RELATIONSHIP	
PERMISSION IS HEREBY GRANTED TO T ATTEMPT WILL BE MADE BY THE ATTE GRANTED TO THE ATHLETIC TRAINER ' TO THE MEDICAL FACILITIES.	NDING PHYSICIAN T	O CONTACT ME IN THE MOST	EXPEDITIOUS WAY POSSI	BLE. PERMISSION IS ALS
PARENT/GUARDIAN SIGNATI	URE		DATI	Ε
	KHS TK	RAVEL RELEASE FOR	<u>RM</u>	
Due to the fact that some practice and confor child's transportation.	ontest facilities are l	ocated off of the Kimberly Hi	igh School Campus, paren	tal permission is necessar
This is to certify that	is allow	wed to (please check only one	<u>2</u>):	
1Drive <i>only</i> thems	elves			
2Drive themselves		stride with other students		
2Drive memberves	, arrio onioi studelli	s, also will other students.		
PARENT/GUARDIAN SIGNATI	URE		DATI	

KIMBERLY AREA SCHOOL DISTRICT

Kimberly High School Co-Curricular Code of Conduct Receipt and Authorization for Random Suspicionless Drug Testing

This form must be completed and returned to the athletic office <u>prior</u> to participation in any co-curricular activity.

TO READ THE KHS CO-CURRICULAR CODE HANDBOOK, PLEASE VISIT THE KASD WEBSITE OR STOP IN THE ATHLETIC OFFICE FOR A COPY.

Student Section

I have read and understand the provisions of the Co-Curricular Code of Conduct. I have also received a copy of the WIAA Rules of Eligibility. If I do not understand any of the rules, I will ask for clarification.

As a student, I understand that my participation in co-curricular activities is a privilege and, therefore, agree to be bound by the Kimberly High School Co-Curricular Code of Conduct. I agree to participate in random suspicionless drug testing and give permission for testing and the release to the district concerning the results of said testing in the event I am randomly selected. I understand this agreement is binding through my graduation from high school.

Student Name: (please print clearly)	4
Student Signature:	

Parent Section

I have read and understand the provisions of the Co-Curricular Code of Conduct. I have also received a copy of the WIAA Rules of Eligibility. If I do not understand any of the rules, I will ask for clarification.

As a parent, I understand that my son or daughter's participation in co-curricular activities is a privilege and, therefore, agree that they are to be bound by the Kimberly High School Co-Curricular Code of Conduct. I give my permission for my son or daughter to participate in random suspicionless drug testing and give permission for testing and the release of information to the district concerning the results of said testing in the event he or she is randomly selected. I understand this agreement is binding through my son or daughter's graduation from high school.

Parent Name: (please print clearly)	
Parent Signature	
CONCURRENCE CONTRACTOR	

CONCUSSION AGREEMENT

I have read the Parent Concussion and Head Injury Information AND the Athlete 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 the athlete must be removed from practice/play if a concussion is suspected and cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I agree that my child's ImPACT baseline test data may be available to persons other than the physician or clinician evaluating my child as follows:

- Your child's pre-season ImPACT Baseline test may be transferred to the organization that is providing care to your son/daughter so that it can be utilized as part of their post-concussion care.
- The physician or clinician evaluating your child may choose to make your child's test data available to other health care providers who are being consulted regarding the treatment of your child.

Your child's health and safety are at the forefront of the student athletic experience.

Student Signature