

# St. Croix Central High School



## **MALE ATHLETE**

**2012-2013**

**(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:**

Birthday: \_\_\_\_\_ 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:**

\_\_\_\_\_ Football    \_\_\_\_\_ Cross Country

#### **Winter:**

\_\_\_\_\_ Basketball    \_\_\_\_\_ Wrestling    \_\_\_\_\_ Hockey

#### **Spring:**

\_\_\_\_\_ Baseball    \_\_\_\_\_ Track & Field    \_\_\_\_\_ Golf

**This form must be completed and turned into the athletic department prior to a student being declared eligible for athletics for the 2012-2013 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*