

2011-2012 WEST HIGH SCHOOL PERMISSION TO PRACTICE FORM

NOTE: This form must be filled out and signed by parents and students, physical exam forms on file, and all fees must be paid **prior** to an athlete attending **any** practice. **PLEASE TURN IN SIGNED FORM TO THE WEST HIGH ATHLETIC OFFICE.**

NAME OF ATHLETE _____ GRADE _____ MALE / FEMALE
ADDRESS _____ PHONE _____
CITY _____ STATE _____ ZIP _____

Baseball, Basketball, Bowling, Cheerleading, Cross Country, Dance, Football, Golf, Soccer, Softball, Swimming, Tennis, Track, Volleyball, Wrestling

My son/daughter may participate in **ALL** sports during the 2011-2012 school year: _____ Yes _____ No

If no, please list sports your son/daughter may **NOT** participate: _____

1. **PHYSICAL EXAM FORM:** Iowa law dictates that all athletes must have a current physical examination form signed by a doctor on file at school prior to practice.

2. **AWARENESS OF POTENTIAL INJURY:** As the parent(s)/guardian of a West High School athlete, I/we are aware that participation in sports and/or practicing in sports may be a dangerous activity involving many risks or injury and may even result in death.

3: **HEADS UP: CONCUSSION IN HIGH SCHOOL SPORTS:** The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7-12 who participate in extracurricular interscholastic activities. A fact sheet for parents and students is provided in the West High Parent/Athlete Athletic Manual and on the West High Athletic website.

4. **EMERGENCY CONSENT:**

"In the event I cannot be reached, I hereby give my consent to the attending physician, trainers, and coaches to secure and administer medical aid and ambulance service. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur for the necessity for such surgery."

_____ Yes _____ No **IF NO Please give Name and Number to call** _____

5. **SUPPLEMENTAL ATHLETIC INSURANCE: ** PLEASE CHECK ONE OPTION ****

_____ A. We do not wish additional insurance. We feel we have adequate insurance coverage.

_____ B. We will pick up an insurance form from West High School in order to purchase insurance.

THE SCHOOL DISTRICT **DOES NOT PURCHASE** ACCIDENT INSURANCE TO COVER INJURIES INCURRED BY YOUR CHILD AT SCHOOL. We encourage all families to have accident coverage on their children prior to participation in any sports or school sponsored activity. If you do not have insurance on your child, or if you have a plan with a high deductible or with limited benefits for Doctor, Hospital, or Dental bills, we encourage you to review the student insurance program. **Information needed to enroll in the insurance program may be obtained at the school.**

6. **STUDENT ACTIVITY CONDUCT CODE (Summary):**

Students participating in extra-curricular activities are prohibited from possessing, using or purchasing tobacco, alcoholic beverages, or controlled substances. Loss of eligibility may also occur for engaging in activities outside the school community that would be grounds for arrest or citation in the juvenile court system, excluding minor offenses, regardless of whether the student was cited, arrested, convicted, or adjudicated for the act(s). Violation of rules throughout the calendar year whether at or away from school will result in the following action:

- **First Offense within the Student's Athletic/Activity Career** – suspension from one-third of the season's contest or performance dates with professional evaluation prior to reinstatement where applicable.
- **Second Offense within the Student's Athletic/Activity Career** – suspension from one-half the season's contest or performance dates with professional evaluation prior to reinstatement where applicable.
- **Third Offense within the Student's Athletic/Activity Career** – suspension from athletic competition for twelve (12) calendar months with professional evaluation prior to reinstatement where applicable.

If there is not a sufficient number of contests or performances remaining in a scheduled season to fulfill the terms of suspension, the suspension balance will be carried over to the tournament series and to the next season in which the student participates

I have read and understand the information/rules as stated above and in the parent/athlete manual.

Parent Signature _____ Date _____

Student Signature _____ Date _____