

# STUDENT ATHLETIC/ACTIVITY REGISTRATION FORM

(medical authorization, WIAA eligibility, code of conduct, fees, concussion information)

Name \_\_\_\_\_ Grade \_\_\_\_\_ Activity/Sport \_\_\_\_\_  
(please print)

Parent/Guardian's Name \_\_\_\_\_ (Phone) \_\_\_\_\_

Email Address: (parent) \_\_\_\_\_ (student) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ (Name) (Relationship) \_\_\_\_\_ (Phone) \_\_\_\_\_

Allergies and Medical Emergency Information: \_\_\_\_\_

**MEDICAL AUTHORIZATION:** When I am unable to be reached, I authorize a representative of Germantown High School to seek medical treatment for my son/daughter. YES \_\_\_\_\_ NO \_\_\_\_\_

(ALL BOXES MUST BE CHECKED BY PARENT AND STUDENT BEFORE TURNING IN)		PARENT	STUDENT
<b>I HAVE READ AND UNDERSTAND THE WIAA ELIGIBILITY REQUIREMENTS</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>I HAVE READ AND AGREE TO ABIDE BY THE CO-CURRICULAR CODE OF CONDUCT</b> - attended Parent Information Night or - viewed the presentation found on the Germantown Athletic Website		<input type="checkbox"/>	<input type="checkbox"/>
<b>I AGREE TO FULL PAYMENT OF THE ACTIVITY FEE</b> - refunds will be given if participant does not make final roster - NO refund if dismissed for disciplinary reasons or activity code violations - the coach/advisor must approve all refunds		<input type="checkbox"/>	<input type="checkbox"/>
<b>I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ALL MATERIALS AND EQUIPMENT ISSUED TO ME</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>HAVE READ AND UNDERSTAND CONCUSSION INFORMATION</b> (MUST COMPLETE BACK SIDE)		<input type="checkbox"/>	<input type="checkbox"/>
<b>Each Activity/Athletic Fee - \$75.00</b>			

Parent/Guardian Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

CONCUSSION AND HEAD INJURY INFORMATION MUST BE COMPLETED

Turn in to high school office