

ATHLETIC RESPONSIBILITY ACKNOWLEDGEMENT

ATHLETE'S NAME: _____
(PLEASE PRINT)

ATHLETE'S SPORT: _____
(PLEASE PRINT)

ATHLETE'S GRADE/BLDG: _____
(PLEASE PRINT)

PRIOR TO PARTICIPATING IN ANY PRACTICE OR TRYOUT SESSION FOR ANY INTERSCHOLASTIC SPORT, EACH STUDENT-ATHLETE AND/OR PARENT/GUARDIAN OF A STUDENT-ATHLETE MUST:

1. Successfully pass a physical examination by a registered physician and the copy of such examination must be on file in the Athletic Office. One current physical examination per year is sufficient for all sports during that school year. For second and third seasons of participation, recertification may be required.
2. Sign this acknowledgement form. The student-athlete and parent/guardian signatures indicate that both parties have read this form and the Handbook for Student-Athletes and Parents of Student-Athletes.
3. Understand that, on inclement weather days when High School teams are allowed to practice, attendance at such practice is optional. Each student-athlete and/or parent/guardian of a student-athlete shall use their discretion when deciding whether to grant permission for the student-athlete to drive and/or to carpool with another member of the team to such optional practice.
4. Consent for Wilson healthcare providers to administer healthcare services and emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. This permission is also extended to healthcare providers at host sites. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the school's athletic administration, coaches, and medical staff to consult with the Authorized Medical Professional who executes Section 6 of the PIAA CIPPE regarding a medical condition or injury to the herein named student.

AS A WILSON SCHOOL DISTRICT STUDENT-ATHLETE PARTICIPATING VOLUNTARILY IN INTERSCHOLASTIC ATHLETICS, I UNDERSTAND THAT:

1. Participating in Wilson Interscholastic Athletics is a privilege, not a right. I will abide by the Wilson School District Student Code of Conduct, the coach's team rules, and the rules of the P.I.A.A. to ensure the right of participation. These terms are in effect for the entire season, 24 hours a day, 7 days a week, from the first day of practice until the day I return all of my athletic equipment.
2. I will be responsible for all athletic equipment issued to me throughout the season, will return such equipment at the conclusion of the season, and will pay the current replacement cost for any equipment issued to me and not returned at the end of the season. I will not wear school uniforms except at meets/games/contests or as directed by my coach. I understand that I will not be permitted to participate in another athletic season until I return my issued athletic equipment or pay for a replacement.
3. I will not use, possess, or distribute alcohol, tobacco, and/or narcotics (including unprescribed anabolic steroids). If I do use any of these substances, am in possession of such substances, or am suspended from school for use or possession of these substances, I will be subject to disciplinary actions as outlined in the School District's Policy regarding substance abuse and Athletic Training Rules. In addition, I understand that I should not remain in a location where any of these substances are present and being used illegally.

4. I acknowledge that I have been properly advised, cautioned, and warned by administrative and/or coaching personnel of the Wilson School District that I am exposing myself to risk of injury, including but not limited to, the risk of sprains, fractures and ligament and cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.
5. If I do not meet the eligibility standards of the building where I am enrolled, I will be ineligible to play in contests/meets/games from the next Sunday through the following Saturday (students may practice, but may not participate in a competition). When report cards are issued, if I am not passing the equivalent of four credits, I will be ineligible to compete for the first fifteen days of the next marking period.
6. I have read the Handbook for Student-Athletes and Parents of Student-Athletes, which is available on the Wilson Athletics webpage. I understand that the Handbook for Student-Athletes and Parents of Student-Athletes explains the policies and procedures associated with the Wilson Interscholastic Athletic Program. A hard copy of the Handbook for Student-Athletes and Parents of Student-Athletes can be printed for you in the Athletic Office if Internet service is not available to you.

ATHLETE'S SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____