2024-2025
Activities Eligibility Form
ALL GRADES MUST FILL OUT

This form must be competed and returned to the athletic office prior to participation in any co-curricular activity. All forms must be signed off by the Activities Director or her designee. To read the Valders Area School District Co-Curricular Code Handbook, please visit the District website or stop in the Athletic Office for a copy.

SPORT/ACTIVITY PARTICIPATING IN: _____ _____ _____
FALL **WINTER** **SPRING**

STUDENT EMERGENCY INFORMATION

Student Name: _____**DOB:** _____**Grade:** _____

Home Address: _____ **Home Phone:** _____

Parent(s) or Guardian(s) who may be contacted during the school day:

Name: _____**Home/Cell Phone:** _____**Work Phone:** _____

Name: _____**Home/Cell Phone:** _____**Work Phone:** _____

Physician: _____ **Address:** _____**Phone:** _____

Dentist: _____ **Address:** _____**Phone:** _____

Hospital Preference: _____

Name of relative/neighbor who we may contact in case of emergency:

1. _____**Phone:** _____

Special Remarks (any information pertaining to the health of your child that we should know: allergies, asthma, etc.)

_____

_____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the doctor, hospital emergency center listed on this card, or the ambulance and to follow their instructions:

_____ Yes Signature: _____

_____No Signature: _____

Co-Curricular Code Participant and Parent Acknowledgement

I hereby acknowledge that I have read the Valders Co-Curricular Code and understand the rules and penalties for infraction of t he rules as stated in the Code. As a student, I understand that my participation in a co-curricular activity is a privilege and therefore, I hereby agree to abide by these rules and regulations. I further acknowledge that if I have not understood any information contained in this Code, I Have sought and received an explanation of the information prior to signing this form.

It is understood that playing sports and /or participating in other activities include inherent risks with such participation and can cause harm to anyone who engages in them. Because of these dangers, I recognize the importance of following coaches'/advisors' instructions regarding playing techniques, training and other team/activity rules and agree to obey such instructions.

In consideration of the Valders Area School District (VASD) permitting a student to try out for a team(s) and/or participate in activities, I hereby assume all risks associated with participation and agree to hold VASD harmless from any and all liability which may arise in connection with participation in sports and other activities. I do voluntarily choose to participate in spite of any inherent risks.

Participant's Signature / Date: _____Graduation Year: _____

Parent/Guardian Signature: _____ Date: _____

Concussion Acknowledgement and Agreement

As a parent and as an athlete it is important to recognize the signs, symptoms and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent/Guardian Acknowledgement and Agreement:

I, _____ have read the Valders Area School District concussion information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors of a concussion. I agree that my child must be removed from practice/play if a concussion is suspected.

- I **understand** that is my responsibility to seek medical treatment if a suspected concussion is reported to me.
- I **understand** that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her athletic director.
- I **understand** the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature: _____ Date: _____

Athlete Agreement:

I, _____have read the Valders Area School District concussion information and understand what a concussion is and how it may be caused.

- I **understand** the importance of reporting a suspected concussion to my coaches and my parents/guardians.
- I **understand** that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my athletic director before returning to practice/play.
- I **understand** the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Participant's Signature/Date: _____Graduation Year: _____