## JR GERRITTS MIDDLE SCHOOL ATHLETIC AGREEMENT CARD

THIS CARD MUST BE FILED EVERY YEAR <u>BEFORE</u> PARTICIPATION CAN BEGIN IN ANY ATHLETIC PROGRAM.

**Parent Signature** 

Date Signed:

Examination taken *after April 1* is good for the following <u>TWO SCHOOL YEARS</u>.
Examination taken *before April 1* is good for the remainder of that <u>SCHOOL YEAR</u> and the following <u>SCHOOL YEAR</u>.

NAME			GRADE
Last	First	M.	<del></del>
	CONC	USSION and SC	A AGREEMENT
is and how it may be caused. I	also understand the common sign	s, symptoms, and beha	cussion and Head Injury Information and understand what a concussion aviors. I agree that the athlete must be removed from practice/play if a rance from an appropriate health care provider to his/her coach.
I agree that my child's ImPAC	T baseline test data may be availa	ble to persons other th	an the physician or clinician evaluating my child as follows:
	eason ImPACT Baseline test may their post-concussion care.	be transferred to the c	rganization that is providing care to your son/daughter so that it can
	clinician evaluating your child matthe treatment of your child.	y choose to make you	child's test data available to other health care providers who are being
	rdiac Arrest Information sheet. It eport the symptoms to his/her coa		thlete has any warning signs of sudden cardiac arrest, they should stop
	Your child's health and safe	ety are at the forefron	of the student athletic experience.
Parent S	ignature		Student Signature
	<u>STUDEN'</u>	T CODE OF CO	NDUCT AGREEMENT
	stood the information pre the rules, I will ask for c		Gerritts Middle School Co-Curricular Code. If I do

**Student Signature**