

**Kewaskum High School & Kewaskum Middle School  
Athletic & Competitive Team  
Required Sign-off Form**

**Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the “Participant and Parental Disclosure and Consent Document.”**

As a student-athlete of Kewaskum High or Middle School, I hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion.

**Statement Acknowledging Receipt of WIAA Rules of Eligibility Bulletin**

I certify that I have read, understand, and agree to abide by all of the information contained in the WIAA Rules of Eligibility bulletin. I further certify that if I have not understood any information contained in the WIAA Rules of Eligibility, I have sought and received an explanation of the information prior to signing this statement.

**Statement of Acknowledging Receipt of Kewaskum High School/Middle School Athletic & Competitive Teams Code**

I have read the mandatory Athletic & Competitive Teams Code information presented to me by the Kewaskum High School or Kewaskum Middle School. I agree to the rules listed and accept the disciplinary action laid out in the Code. All rules will be in effect from the day the student named below agrees to his/her first Athletic & Competitive Code to the day he/she graduates from Kewaskum High School/Middle School or until finished with his/her eligibility.

The Code rules are in effect twelve (12) months a year as required by WIAA regulations.

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*Signature and printed name of student/athlete*

*Date*

**Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the “Participant and Parental Disclosure and Consent Document.”**

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I certify that I have read, understand, and agree to abide by all of the information contained in the concussion information. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

**Statement Acknowledging Receipt of WIAA Rules of Eligibility Bulletin**

I certify that I have read, understand, and agree to abide by all of the information contained in the WIAA Rules of Eligibility bulletin. I further certify that if I have not understood any information contained in the WIAA Rules of Eligibility, I have sought and received an explanation of the information prior to signing this statement.

**Statement of Acknowledging Receipt of Kewaskum High School/Middle School Athletic & Competitive Teams Code**

I have read the mandatory Athletic & Competitive Teams Code information presented to me by the Kewaskum High School or Kewaskum Middle School. I agree to the rules listed and accept the disciplinary action laid out in the Code. All rules will be in effect from the day the student named above agrees to his/her first Athletic & Competitive Code to the day he/she graduates from Kewaskum High School/Middle School or until finished with his/her eligibility.

The Code rules are in effect twelve (12) months a year as required by WIAA regulations.

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*Signature and printed name of parent/guardian*

*Date*

This form must be completed and submitted to the Athletic Director prior to a student being declared eligible to practice and compete.

**Please complete form and signatures on Skyward Family Access.**