

Westfield Area School District  
Athletic Registration, Permission, Waiver, and Code Agreement Form  
2024-25

Student Name (Print) \_\_\_\_\_ Grade \_\_\_\_\_

Student Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Sport(s) Intended to Play \_\_\_\_\_

Parent or Guardian Name (Print) \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent or Guardian Email (Print) \_\_\_\_\_

Parent or Guardian Name (Print) \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent or Guardian Email \_\_\_\_\_

To minimize the amount of paperwork needing to be printed and filed at the school office, the Athletic Department has developed this form to help simplify the process. Please complete all sections on the front and back of this form. All of the paperwork can be found on the Westfield Area School District website for you to view/read, if you'd like hard copies of everything, you may print them from there. If you wish, you may also obtain a copy of the entire packet at the Westfield Area High/Middle School office. This form **MUST** be on file in order for your son/daughter to participate in any athletic activity, practice, or contest sponsored by Westfield Area School District.

**Athletic Code of Conduct**

I have received, read, and understand the Westfield Area School District Athletic Code of Conduct. I agree to abide by the Code of Conduct as a Westfield Area School District Participant. I also understand that the Athletic Code is in effect 12 months a year.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Wisconsin Interscholastic Athletic Association (WIAA) Eligibility Form** I have received, read, and understand the WIAA Eligibility Form. I agree to abide by the WIAA rules and regulations as they apply to athletic participation while I am a student in the Westfield Area School District. I also understand that the WIAA rules are in effect 12 months a year.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Insurance Waiver**

The School District of Westfield does not provide any type of health or accident insurance for injuries incurred by your child at school or school sponsored activities. All students participating in School Sponsored Athletics or Activities are required to have a signed Insurance Waiver on file in the High School office.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**WIAA/DPI Concussion and Sudden Cardiac Arrest Forms – Parent and Athlete**

I have received a copy, read, and understand the WIAA/DPI Concussion and Sudden Cardiac Arrest Information.

By signing below, as a parent and as an athlete, I know the importance of recognizing the signs, symptoms, and behaviors of a concussion. I also know the importance of being removed from practice or competitions because of the signs or symptoms of a concussion. I understand that it is my responsibility to seek medical treatment if a concussion is reported. Once treatment is in place, I know that I need written clearance from a medical professional in order to return to athletics. I also know the consequences of returning to play too early.

I understand that I should stop activity/exercise immediately if I have any warning signs of sudden cardiac arrest and report the symptoms to my coaches and my parents/guardians. Lastly, if a concussion were to occur, I will not hold the Westfield Area School District, or its employees, accountable for the chance that a concussion might happen.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sports Medicine/Athletic Trainer**

The Westfield Area School District contracts Sports Medicine and Athletic Training through Aspirus Divine Savior Hospital and Clinics. I give permission for my child to be treated by an Aspirus Divine Savior Athletic Trainer at school and at competitions as needed.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pioneer Plan/Westfield Parent Code of Conduct**

I have received, read, understand, and agree to abide by the Westfield Area School District Pioneer Plan and Parent Code of Conduct. I agree to abide by the Code of Conduct as a Westfield Area School District Participant. Note: Failure of the parent or guardian to sign this document will result in ineligibility of the student in co-curricular activities. If you have any concerns about signing this document, please contact the Athletic Director.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_