2020-2021
Chippewa Hills Athletic Consent Form

_____ _____ _____

Student Athlete Name Printed **Grade** **Date**

Athletic & Citizenship Agreement / Code of Conduct

By my name and signature below, I acknowledge that I have reviewed the Chippewa Hills Athletic Code of Conduct. I understand that an athlete who elects to participate in athletics at Chippewa Hills is voluntarily making the choice to develop good physical conditioning, meet at least the minimum academic expectations and exercise good judgment. I also understand that Chippewa Hills' student athletes and all those who support them will consistently uphold excellence in the classroom, the community and in athletic competition.

_____ _____

Student Athlete Name Printed Parent or Guardian Name Printed

_____ _____

Student Athlete Name Signature Parent or Guardian Name Signature

Sportsmanship Contract

By my name and signature below, I acknowledge that I have reviewed the Chippewa Hills Sportsmanship Contract. I understand that this is a binding contract between the athletic director, coach, parent, and student athlete.

_____ _____

Student Athlete Name Printed Parent or Guardian Name Printed

_____ _____

Student Athlete Name Signature Parent or Guardian Name Signature

Injury Consent

By my name and signature below, I acknowledge that I give permission for the athletic trainer/ school to treat my child in the event of emergency or injury.

_____ _____

Student Athlete Name Printed Parent or Guardian Name Printed

_____ _____

Student Athlete Name Signature Parent or Guardian Name Signature

Concussion Awareness

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by the Chippewa Hills School District.

_____ _____

Student Athlete Name Printed Parent or Guardian Name Printed

_____ _____

Student Athlete Name Signature Parent or Guardian Name Signature

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Athletic Packet

By my name and signature below, I acknowledge that I have received a hard copy of the Chippewa Hills Athletic & Citizenship Agreement/Code of Conduct/Sportsmanship Contract/Injury Consent/Concussion Awareness and it has been reviewed with me. I also understand that a copy of these items can be found on the Chippewa Hills Website under Athletics.

_____ _____

Student Athlete Name Printed Parent or Guardian Name Printed

_____ _____

Student Athlete Name Signature Parent or Guardian Name Signature