

MPSD Athletic Code of Conduct

Student Name: _____ Grade _____ Sport(s) _____

Address _____ Phone _____ Date of Birth _____

Student Agreement

- By signing this document I agree that I have full knowledge, understanding and am in agreement with the standards set forth in the [2024-2025 Manitowoc Public School District Athletic Code Handbook](#) by the Manitowoc Public School District Athletic Department and the WIAA. 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 document.

Print Student Name

Student Signature

Date

Parent Agreement

- As parent/guardian, I hereby give permission for the above-named student to practice, compete and represent the Manitowoc Public Schools in WIAA and WIAA affiliated sports.
- I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Assistant Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers for purposes of treatment, emergency care and injury record-keeping.
- I give full consent to the Licensed Athletic Trainers from Aurora Sports Medicine to evaluate, treat any injuries and activate emergency care as indicated within their scope of practice for my child.
- I have full knowledge, understanding and am in agreement with the information contained in the 2024-2025 Manitowoc Public School District Student-Athlete Athletic Code Handbook. 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 the document.
- I am in agreement with the Athletic Code and will work with my child to make good decisions that may affect his/her participation in athletics.
- I understand that my child's participation in athletics is a privilege and that this contract is binding for the 2024-2025 School Year. I am also in agreement with the information found in the student section.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

MPSD Athletic Waiver of School Insurance

I hereby certify that I am the parent or legal guardian of:

Student's Name _____

PRINT

I hereby take full financial responsibility for the treatment of any and all injuries he/she may receive participating in the interscholastic athletic program in the Manitowoc Public School District. Since I have adequate insurance protection, I do not wish to participate in the private insurance plan available through the Manitowoc Public School District covering athletic injuries.

Parent/Legal Guardian: _____

Date: _____