

Please Print Student's Name \_\_\_\_\_

## **Edgewood High School**

### **PARENT – ATHLETE PLEDGE SHEET**

Athletic Code of Conduct  
WIAA Athletic Eligibility  
Insurance Waiver

#### **ATHLETIC CODE OF CONDUCT**

I have read the requirements for athletic participation and give permission for my child to participate under these conditions. I will do my part to insure he/she follow these requirements and return all district equipment. I also give permission for my child to receive first aid and emergency medical treatment should the need arise.

#### **WIAA ATHLETIC ELIGIBILITY**

I certify that I have read, understand and agree to abide by all of the information contained in this WIAA Bulletin. 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.

#### **INSURANCE WAIVER**

It is understood that Edgewood High School does not carry health insurance for student-athletes. It is agreed that risks and injuries are the responsibility of the participant and their parents/guardians and not Edgewood High School or its staff. Parents/Guardians are strongly encouraged to carry health insurance for their student-athlete(s).

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Parent/Guardian Signature

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Date

As an athlete representing the Edgewood High School, I have read the Athletic Code of Conduct and WIAA Athletic Eligibility and agree to comply with them. I also assume full responsibility for equipment issued to me.

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Student-Athlete Signature

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Date

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