

**SCHOOL DISTRICT OF RHINELANDER
9-12 PARTICIPATION AGREEMENT**

STUDENT NAME _____

STUDENT GRADE _____

ACTIVITY CODE

I have received, read, and understand the Activity Code by which all students participating in Rhinelander School District activities must abide.

EQUIPMENT CARE

I agree that all equipment issued to me is for participation and remains the property of the School District. I will return the equipment in reasonable condition at the conclusion of the season or it will be paid for at the original cost.

INJURY AWARENESS

I realize that participation in interscholastic activities involves the potential for injury. I acknowledge that even with qualified coaching, approved protective equipment, and observance of the rules and regulations of the governing bodies, injuries are still possible. I have been warned and am aware that such injury may be severe including, but not limited to, fractures, brain injuries, paralysis, or even death.

MEDICAL INFORMATION

I authorize the sharing of essential medical information with / between MD / ATC / LAT, coach, AD and / or others of like responsibility who may be reasonably described as "needing to know" in order to provide for the safety and well-being of the student-athlete. Essential medical information will be kept confidential except in the narrow scope of "needing to know."

Participant Signature Date

Parent/Guardian Signature Date