



Bruce School District
 104 W. Washington Ave
 Bruce, WI 54819

Doug Schmitz, Athletic Director
 715-868-2585
 Fax 715-858-2534
 E-mail schmitz@bruce.k12.wi.us

We certify with our signatures that we have received and understand the information we have checked off below: Please keep all other handouts for your reference during the 2023-24 school year.

WIAA High School Athletic Eligibility Information Bulletin (2023-24). We certify that we have read, understand, and agree to abide by all of the information contained in this bulletin. We further certify that if we have not understood any information contained in this document, we have sought and received an explanation of the information prior to signing this statement.

Bruce Co-Curricular Code (2023-24). Our signing of this code indicates we understand the code. We further understand and agree to any penalty(ies) that may result from any violation(s). The athletic code will change at the August 2021 board meeting. All changes will be applied and checking this box indicates you read and understand the changes.

Concussion Awareness Handout and Education Information and Sudden Cardiac Arrest Information we have **read** the Athlete/Parent Concussion and Head Injury Information and **Sudden Cardiac Arrest Information and understand** what a concussion and Sudden Cardiac Arrest are and how it may be caused. I also understand the common signs, symptoms, and behaviors.

- We agree that the athlete must be removed from practice/play if a concussion is suspected.
- If an athlete has any warning signs of SCA while exercising, they should **seek medical attention and evaluation from a healthcare provider before returning to a game or practice.**
- We understand the importance of reporting a suspected concussion and SCA to my coaches and my parents/guardian. We understand that it is my responsibility to seek medical treatment if a suspected concussion or SCA is reported to me.
- We understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.
- We understand the possible consequences of returning to practice/play too soon and the brain needs time to heal

Emergency Treatment Authorization (Emergency Release Form)

- If you have a form on file and have no changes you do not need to fill out a new one, otherwise you have to fill one out. Please check the list of students if you have one in.

WIAA Athletic Permit Card (Green/white Physical Form) OR
 Alternate Year Athletic Permit Card (Yellow/white Form) on File with School.

Student Name (print) _____

Student Signature _____

Parent Signature _____

DATED _____