

“HOME OF THE BULLDOGS”
2017-18 LAKE MILLS PERMISSION TO PRACTICE FORM

NOTE: This form must be filled out and signed by parents and students and a current physical exam form on file **prior** to an athlete attending **any** practice. **PLEASE TURN IN THIS FORM & THE PHYSICAL FORM INTO THE LAKE MILLS ATHLETIC OFFICE.**

NAME OF ATHLETE _____ INCOMING GRADE _____
 ADDRESS _____ PHONE _____
 CITY _____ STATE _____ ZIP _____

Circle the sports your child plans to participate in:

<u>Fall:</u> Volleyball Cheerleading Cross Country Football	<u>Winter:</u> Basketball Wrestling Basketball Cheerleading Wrestling Cheerleading Bowling	<u>Spring:</u> Track Golf	<u>Summer:</u> Baseball Softball
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My son/daughter may participate in **ALL** sports during the 2016-2017 school year: YES _____ NO _____
 If no, please list sports your son/daughter may **NOT** participate: _____

1. **PHYSICAL EXAM FORM:** Iowa law dictates that all athletes must have a current physical examination form signed by a doctor on file at school prior to practice. Forms are valid for 13 months and maybe obtained online or through LMCS.
2. **AWARENESS OF POTENTIAL INJURY:** As the parent(s)/guardian of a Lake Mills Community School athlete, I/we are aware that participation in sports and/or practicing in sports may be a dangerous activity involving many risks or injury and may even result in death.
3. **HEADS UP: CONCUSSION IN HIGH SCHOOL SPORTS:** The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7-12 who participate in extracurricular interscholastic activities. A fact sheet for parents and students is provided in Lake Mills Student/Parent Athletic Manual.
4. **EMERGENCY CONSENT:** "In the event I cannot be reached, I hereby give my consent to the attending physician, trainers, and coaches to secure and administer medical aid and ambulance service. This authorization does not cover major surgery unless the medical opinions of licensed physicians or dentists concur for the necessity for such surgery."
 _____ Yes _____ No **IF NO Please give Name and Number to call** _____

“I am aware that I may complete the health and injury information card that provides additional information concerning my student’s health and medical treatment.” These cards are available through the Lake Mills Athletic Department.

5. **INSURANCE:** THE SCHOOL DISTRICT **DOES NOT PURCHASE** ACCIDENT INSURANCE TO COVER INJURIES INCURRED BY YOUR CHILD AT SCHOOL. We encourage all families to have accident coverage on their children prior to participation in any sports or school sponsored activity. If you do not have insurance on your child, or if you have a plan with a high deductible or with limited benefits for Doctor, Hospital, or Dental bills, we encourage you to review a student insurance program and/or contact a certified insurance agent for additional information.
6. **STUDENT ACTIVITY CONDUCT CODE (Summary):**
 Fine arts activities and athletics are an important part of the Lake Mills experience. Students who participate in extra Curricular and co curricular activities should remember that participation in these activities is a privilege. They should read and understand the following documents:
 - **Bulldog Code of Conduct**
 - **LMCS Good Conduct Policy**
 Students who violate school policies or procedures jeopardize their ability to participate, compete, and/or represent our school. Please sign below to indicate you understand this fact.

I have read and understand the information/rules as stated above and in the parent/athlete manual. We have received the information provide on the concussion fact sheet titled, “HEADS UP: Concussion in High School Sports.”

Parent Name (Printed) _____ Parent Contact Number(s) _____

Parent Signature _____ Date _____

Student Signature _____ Date _____