

# 2019-2020 WEST FORK 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 NORTH IOWA HS OFFICE.**

NAME OF ATHLETE \_\_\_\_\_ INCOMING GRADE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Circle the sports your child plans to participate in 19-20:

<u>Fall:</u> Volleyball Cheerleading (HS Only) Cross Country Football MS Boys Basketball	<u>Winter:</u> Basketball Wrestling Basketball Cheerleading (HS Only) Bowling (HS Only) MS Girls Basketball	<u>Spring:</u> Track Golf (HS Only) Trapshooting (HS Only)	<u>Summer:</u> Baseball (8-12) Softball (8-12)
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My son/daughter may participate in ALL sports during the 2019-20 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 NICS.
2. **AWARENESS OF POTENTIAL INJURY:** As the parent(s)/guardian of a North Iowa 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 the North Iowa 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 North Iowa 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 North Iowa 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 eligibility and good conduct guidelines.

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 \_\_\_\_\_