

DAKOTA HIGH SCHOOL ATHLETIC DEPARTMENT

Athletic Code of Conduct can be viewed at www.dakotacougars.com

CODE OF CONDUCT ACKNOWLEDGEMENT FORM FOR STUDENT ATHLETES AND PARENTS IMPACT TEST CONSENT FOR STUDENT ATHLETES AND PARENTS

 Complete Legal Name of Student: _____

 Date of Birth: ____/____/____ School: Dakota High School Iroquois Middle School Seneca Middle School

 Student Athlete's Graduation Year - (circle) 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029

 HAS THIS STUDENT ATTENDED A HIGH SCHOOL OR MIDDLE SCHOOL OTHER THAN THE ONE LISTED ABOVE? Yes No
If yes, please indicate the name of the school attended, and the school year of attendance at that school:

School: _____ School Year: _____

PARENTAL ACKNOWLEDGEMENT: I hereby give my consent for the student named above to engage in interscholastic athletics and acknowledge the possibility that serious injury may result from participating in athletic activities. I further understand that the student named above will be expected to adhere firmly to all established athletic policies of Dakota High School, the Chippewa Valley School District, and the Michigan High School Athletic Association. My signature acknowledges that I have read the entire Athletic Code of Conduct, and I understand that it is in effect 365 days a year, all day, every day, and everywhere. I recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent to emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances and to assume responsibility for the expenses of such care. I authorize Chippewa Valley Schools to use photographs, images or video recordings of the above named student for district news, web page publications, and media use. My signature acknowledges that I have read this entire document and I agree on behalf of the above named student and myself as parent and/or guardian to abide by all of its provisions.

ATHLETE ACKNOWLEDGEMENT: As an athlete, I understand that I am expected to adhere firmly to all established athlete policies of Dakota High School, the Chippewa Valley School District, and the Michigan High School Athletic Association such as, but not limited to, those stated in this document. My signature acknowledges that I have read the entire Athletic Code of Conduct, and I understand that it is in effect 365 days a year, all day, every day, and everywhere, and I agree to abide by all of the stated policies, procedures, and codes of the Dakota Athletic Department. I also understand that there are additional policies that I must adhere to which are not contained in this document.

IMPACT TEST CONSENT: Dakota High School and Chippewa Valley Schools have implemented an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). Student Athletes are required to take an IMPACT Test prior to participation. IMPACT is a computerized exam that provides baseline data that can be utilized to successfully manage concussions. It is used in many professional, collegiate, and high school sports programs across the country. If an athlete is believed to have suffered a head injury during practices and or competition, IMPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data may be used to assist in evaluating the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted.

I give my permission for the student athlete named above to take an IMPACT Test. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child's baseline test, which will be on file. I agree to follow the Chippewa Valley Schools policy on concussions. I understand there is no charge for the testing at Dakota HS. Students are required to take the IMPACT test once every two years. I understand that there may be charges incurred by follow up care.

 Printed Name of Parent or Guardian: _____

 Signature of Parent or Guardian: _____ Date: ____/____/____

 Parent Cell Number: _____ - _____ - _____ Email Address: _____

 Printed Name of Student Athlete: _____

 Signature of Student Athlete: _____ Date: ____/____/____

 Student Cell Number: _____ - _____ - _____ Email Address: _____

REVISED 10.26.17