



LUTHER HIGH SCHOOL



CO-CURRICULAR REGISTRATION, PARTICIPATION PERMISSION AND WIAA ELIGIBILITY FORM ACKNOWLEDGEMENT

Student Name _____ Grade _____ School Year: 2019-20

To minimize the process of requesting signatures on the different forms required for your son/daughter named above to participate in various school activities and programs, the Athletic Department has developed this form to help simplify the process. Please complete all sections of this form. This form will need to be completed prior to your son/daughter participating in any practice or contest sponsored by Luther High School.

Athletic Handbook – Including Code of Conduct

I have received a copy of, read, and understand the Luther High School Athletic Code of Conduct. I agree to abide by the code of conduct as a Luther High School athletic participant. I also understand that the Luther High School code of conduct is in effect twelve months a year.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Wisconsin Interscholastic Athletic Association (WIAA) Eligibility Form (Attached to your LHS Athletic Handbook)

I have received a copy of, read and understand the WIAA Eligibility Form. I agree to abide by all WIAA rules and regulations as they apply to athletic participation while I am a student at Luther High School. I also understand that the WIAA rules are in effect twelve months a year.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Parent Athletic Participation Consent

Parental or guardian consent must be granted annually for student-athlete participation. As parent or guardian, with your signature, you do hereby consent to allow the student-athlete named below to engage in interscholastic athletics sponsored by Luther High School during the present school year. Furthermore, permission is granted this athlete to accompany teams, as a member, on out-of-town trips. It is understood that this child will also be expected to firmly adhere to all established school and athletic policies while associated with their selected program.

Student's name _____

Parent Signature _____ Date _____