

# CUMBERLAND HIGH SCHOOL ATHLETIC/CO-CURRICULAR CODE AGREEMENT

I have read the Athletic Code and/or Co-Curricular Code and watched the online video of the Cumberland High School. Furthermore, I understand that violation of any of the WIAA or Cumberland School regulations will result in immediate action as stated. **This code will take precedence over any previous codes. This code will be effective all four years of High School eligibility unless modifications or revisions are made to the Code.**

\_\_\_\_\_  
Print Name of Athlete

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

.....

## Parent/Guardian Code of Commitment

As a parent who is also committed to the education, maturity and athletic success of your child, I encourage you to make a formal commitment as described below. Our partnership together will increase the likelihood of a successful season, regardless of the final win/loss record of the team.

## Parent/Guardian Commitment

I understand that as a parent/guardian I play a vital role in the development of my child's athletic ability and character, and therefore, in the success of the School's Athletic and Co-Curricular Programs. Recognizing this role, I therefore commit to the following as a parent/guardian:

- Be a positive role model so that through my own actions I can help to make sure that my child has the best athletic experience possible.
- Be a "team" fan, not a "my kid" fan.
- Weigh what my child says in any controversy, since it is normal for youth to tend to slant the truth to their advantage.
- Show respect for the opposing players, coaches, spectators and support groups.
- Be respectful of all officials' decisions.
- Not instruct my child before or after a game, because it may conflict with the coach's plans and strategies.
- Praise student-athletes in their attempt to improve themselves as students, as athletes and as people.
- Gain an understanding and appreciation for the rules of the sport.
- Recognize and show appreciation for an outstanding play by either team.
- Help my child learn that success is experienced in the development of his/her skills, and that he/she can feel positive about their skill development during the season, regardless of the team's record.
- Take time to talk with coaches in an appropriate manner, including proper time and place, if I have a concern. I will respect the coach by following the designated chain of command.
- Support the alcohol, tobacco and other drug-free policies of our School by refraining from the use of any such substances during athletic contests. I will also support my child and hold him/her accountable for their commitment to non-use of substances as outlined in the Code by not hosting parties that have alcohol or drugs or allowing my child to be at a party with alcohol or drugs.

**My signature below indicates my commitment to the above.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

## Concussion Agreement

**As a Parent/Guardian and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

### Parent/Guardian Agreement:

I \_\_\_\_\_ have **read** the Parent/Guardian Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

### Athlete Agreement:

I \_\_\_\_\_ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date Signed