CUMBERLAND HIGH SCHOOL ATHLETIC/CO-CURRICULAR CODE AGREEMENT

I have read the Athletic/Co-Curricular Code and attended Code Meeting or viewed the Code presentation online.

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 Date Signed Signature of Athlete 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, we 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 through my actions and words. Be a "team" fan, support the entire team. Show respect for all at every event. Be respectful of officials' decisions. Encourage and praise student-athletes in their attempt to improve themselves as students, athletes, and people. Gain an understanding and appreciation for the rules of the sport. Recognize and show appreciation for an outstanding play by either team. Promote that success is experienced in the development of his/her skills, regardless of the team's record. Encourage self-advocacy with my son/daughter to approach and talk to the coach about issues by themselves. Talk with coaches in an appropriate manner at a proper time and place about positive comments. Talk with the AD about negative situations. Support the alcohol, tobacco and other drug-free policies of our School by refraining from the use of any such substances during athletic contests. Support my child and hold him/her accountable for his/her commitment to non-use of substances as outlined in the Code My signature below indicates my commitment to the above.

Date Signed

Signature of Parent/Guardian

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 ca 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 understan 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