

# PARENT & ATHLETE AGREEMENT

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**As a Parent 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 Agreement:

I \_\_\_\_\_ have **read** the Parent 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.

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

Date \_\_\_\_\_

## 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.

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

Date \_\_\_\_\_

WALWORTH MIDDLE SCHOOL  
STUDENT-PARENT COMPACT  
FOR PARTICIPATION IN CO-CURRICULAR ACTIVITIES

Participation in our middle school's co-curricular athletic program is both a privilege **and** a responsibility. It is a privilege because you get to develop your athletic skills with your friends and classmates in an organized setting. It is a responsibility because you represent our school and community with your actions and appearance whether in school or as a visitor at an away event. You are responsible to exhibit good sportsmanship at all times whether it is during school, at practice, or at a contest.

Listed below are the expectations you are required to comply with in order to participate in games at Walworth Middle School.

1. I will demonstrate good sportsmanship at all times.
2. I will represent Walworth Middle School in a positive manner at all games.
3. I will accept winning and losing in a gracious manner.
4. I will exercise self-control at all times.
5. I will not use vulgar or objectionable language or gestures in school, during practice, or at any athletic event.
6. I will not criticize game officials at any time under any circumstances.
7. I will not use or be in possession of tobacco products, alcohol, illegal drugs, or drug paraphernalia at any time.

I have read the above expectations. I understand the expectations outlined in the Walworth Middle School co-curricular handbook as well. I agree to abide by the guidelines outlined in these documents. If I fail to follow any rule I realize that I may be suspended from games and/or practices for the next scheduled event up to the remainder of the school year.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

I (We) have read the above expectations. I understand the expectations outlined in the Walworth Middle School co-curricular handbook as well and agree to abide by the guidelines presented in these documents. I (We) realize that my (our) athlete may be suspended from games and/or practices for the next scheduled event up to the remainder of the school year if/ he fails to follow any rule. I (We) will help the athlete to abide by the rules.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date