

KETTLE MORAINЕ MIDDLE SCHOOL
ATHLETIC CODE/INSURANCE COVERAGE

SIGN & RETURN THIS TO THE ATHLETIC DIRECTOR'S OFFICE

Name _____
Last _____ Middle _____ First _____ School _____ ID Number _____

Year in school: 7 8 Sex: M F
(Circle one) (Circle)

Eligibility Requirements:

1. A student must meet school and Department of Public Instruction (DPI) requirements defining a full-time student.
2. A student may have no more than one failing grade in the most recent quarter.

PLEASE READ CAREFULLY AND SIGN BELOW

1. I understand all of the rules and regulations of the School District of Kettle Moraine Code of Conduct for Athletes. I furthermore agree to cooperate with the school in enforcing the code for the betterment of all concerned.
2. I agree to be responsible for all equipment issued and pay for any items not returned or damaged due to negligence.
3. I understand the dangers unique to the sport(s) I will be participating in.

____ We are adequately covered by _____
Name of Insurance Company/Carrier

4. The undersigned release the District and its agents, employees and representatives from and against any claim, except a claim for negligence or intentional misconduct by the District and its agents, employees and representatives, which the undersigned may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the above named student's participation in the district's athletic program.

I certify that all information is correct. I have read and will comply with the Kettle Moraine Code of Conduct for Athletes.

Athlete's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____