

ACTIVITIES HANDBOOK - CODE OF CONDUCT AGREEMENT

PARENT - PARTICIPANT AGREEMENT

MONROE SCHOOL DISTRICT

STUDENT: I agree to abide by the Monroe High School Activities Code of Conduct and realize that any violation on my part will result in the restrictions set forth in the code. I will also have the integrity to inform my Coach/Advisor and/or Activities Director if I violate this Code of Conduct.

PARENT/GUARDIAN: I have read the requirements for participation in activities and give permission for my child to participate under these conditions. I will do my part to ensure he/she follows these expectations and requirements. I will also have the integrity to inform my child's Coach/Advisor and/or Activities Director if this Code of Conduct is violated.

WIAA ATHLETIC ELIGIBILITY

STUDENT/PARENT: I certify that I have read, understand, and agree to abide by all of the information contained in the [WIAA Bulletin](#) within the handbook. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation to the information prior to signing this statement.

ASSUMPTION OF RISK STATEMENT FOR ATHLETIC PARTICIPATION

STUDENT/PARENT: I understand that playing sports can cause genuine risks to anyone who engages in them. Because of the dangers of participating in sports, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, and to agree to obey such instructions

In consideration of the Monroe School District permitting my participation on MHS sport team(s), clubs and/or groups and to engage in all activities related to that activity(s), I hereby assume all risks associated with participation and agree to hold Monroe School District harmless from any liability which may arise in connection with my participation in activities. I do voluntarily choose to participate in MHS activities in spite of inherent risks.

CONSENT TO TREAT - SSM HEALTH MONROE CLINIC

I grant permission to the coach or his/her designated representative to authorize emergency medical treatment considered necessary by qualified medical personnel for the student whose name appears at the bottom of this form. Permission is also granted to the Certified/Licensed Athletic Trainer and/or medical provider to perform the needed emergency treatment prior to the student's admission to a medical facility. It is understood that every effort will be made to contact the parents immediately when an emergency occurs.

CONSENT FORM AND RANDOM SUSPICIONLESS DRUG TESTING AUTHORIZATION

I authorize the District, through its drug testing agency, to perform Random Suspicionless Drug Testing on the student named below and consent to the District, through its drug testing agency, performing such testing on the student named below pursuant to Board Policy 5530.01 and the Monroe High School Activities Handbook. In the event, the student named below is selected for testing, I authorize the release of the results of such testing

from the District' drug testing agency to the District subject to the confidentiality provision of Board Policy 5530.01 and the Monroe High School Activities Handbook.

I certify that I have read, understand, and agree to abide by the requirements of [Board Policy](#) 5530.01 and the Monroe High School Activities Handbook regarding Random Suspicionless Drug Testing and the consequences for any violation of that Policy and Handbook. I certify that I have had the opportunity to seek and receive an explanation of Board Policy 5530.01 and the Monroe High School Activities Handbook from the School Administration, and have done so to the extent desired.

I understand that participation in extra-curricular and co-curricular activities at Monroe High School is completely voluntary. I further understand that participating in the Random Suspicionless Drug Testing as described in Board Policy 5530.01 and the Monroe High School Activities Handbook is a mandatory condition of the student named below participating in extra-curricular or co-curricular activities at Monroe High School. This Consent Form and Authorization shall be binding for 365 days from the date of signature.

I, _____ request that my parent:

(To be filled out by student: student name - printed)

be contacted not be contacted

and informed of my selection for random suspicionless drug testing, prior to my test. If "be contacted" was selected a parent will be called if their student is randomly selected for testing and the student will wait to be tested until the parent is contacted.

As a STUDENT and the PARENT/GUARDIAN of said student, we have read and understand the [Code of Conduct](#), the **WIAA Athletic Eligibility**, the **Consent to Treat**, the **Random Suspicionless Drug Testing Authorization**, and the **Assumption of Risk Statement for Activity Participation** and agree to be bound by these terms. I understand that this agreement is binding for 365 days from the date of signature.

Student's Name: _____ Grade: _____ Date of Birth: _____

Parent/Legal Guardian's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Student Name	Signature	Date
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Parent/Guardian Name	Signature	Date
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This form must be completed and submitted to the Activities Department prior to a student being declared eligible to practice, compete, or participate in any activity.