

ADMINISTRATIVE PROCEDURE

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Student and Parent/Legal Guardian Commitment to Abide by the High School Athletic Code**

- I. I agree to abide by the High School Athletic Code and realize any violation on my part will result in restrictions and penalties set forth in the Code. I will also have integrity to inform my coach and Activities/Athletic Director if I ever violate this code while under its rules.
- II. I recognize the importance of following the coaches' instructions regarding playing techniques, training, and other team rules, and I agree to obey such instructions.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**As the parent(s)/legal guardian(s) of a student participating in athletics in the Wausau School District, I/we support our child's commitment to abide by all the rules as stated in the High School Athletic Code.**

To demonstrate my/our support, I/we pledge to:

- I. Be aware of my/our child's academic status, behavior, and social habits.
- II. Not cover-up or provide alibis if rules are broken. I/We will hold our child responsible and accountable for his/her actions and will inform the Activities/Athletic Director or School Administration if he/she violates the High School Athletic Code, or will avail ourselves to Section VIII and make a self-referral to a school counselor. I/We will communicate our intentions to my/our child so he/she will be aware of the consequences should a violation occur.
- III. Realize the consequences of the High School Athletic Code violations are cumulative throughout the student's high school career. I/We further recognize the District expects that when a High School Athletic Code violation occurs, the parent(s)/legal guardian(s) will work cooperatively by sharing information with the Activities/Athletic Director or confidentially with the counseling department.

Parent(s)/Legal Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent(s)/Legal Guardian(s) Insurance Notice**

I/We hereby give permission for the above-named student to compete in sports or sport-related activities in a program sponsored by the Wausau School District with the knowledge that he/she is only covered by his/her own personal/family health insurance benefit plan or other insurance I/we may have secured. I/We recognize the District does not carry independent insurance coverage for my/our son/daughter in the event of injury.

Parent(s)/Legal Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**NOTE: THIS PAGE MUST BE SIGNED AND RETURNED BEFORE A STUDENT MAY DRAW EQUIPMENT OR SUPPLIES OR PARTICIPATE IN ANY ATHLETIC PRACTICES OR GAMES.**

**WAUSAU SCHOOL DISTRICT  
ADMINISTRATIVE PROCEDURE**

**Accommodations for Activity Participation**

The Wausau School District is committed to providing equal opportunities for all students. If your child is considering participation in an activity through the Wausau School District and needs special accommodations to participate in the selected activity, please fill out the form below and list any specific accommodations needed.

Accommodations are reasonable modifications of practices or services to individuals with disabilities so they can participate in programs or activities.

**Continuous Nondiscrimination Notice**

The Wausau School District does not discriminate against individuals on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability. Federal law prohibits discrimination in education and employment on the basis of age, race, color, national origin, sex, religion, or disability.

Anyone who believes that the Wausau School District has inadequately applied the principles and/or regulations of Title VI, Title VII, Title IX, Section 504 or the Americans with Disabilities Act, may file a complaint with the WSD Equity Director at the Longfellow Administration Center, 415 Seymour Street, Wausau, Wisconsin 54403, or by telephone at 715-261-0500.

Lub Wausau School District txwv tsis pub leejtwg ua saib tsis taus ib tus neeg twg txawm yog hais tias nej yog pojniam los yog txivneej, yog haiv neeg dabtsi, ntseeg dabtsi, poj koob yawm txiv yog leejtwg, nyiam pojniam los yog txivneej li cas, muaj mob nkees li cas los yog xiam oob qhab li cas. Kevcai nyob rau tebchaws no txwv tsis pub leejtwg yuav ua saib tsis taus nej yog nej tuaj nrhiav haujlwm ntawm peb txawm yog nej yog haiv neeg twg, muaj noob nyoog li cas, cev nqaij daim ntawv yog xim dabtsi, nyiam pojniam txivneej, ntseeg dabtsi, los yog muaj kev xiam oob qhab li cas.

Yog leejtwg ntseeg tau hais tias lub khoog tsev kawm ntawv Wausau School District ua tsis raws li txojcai thiab/los yog cov lus teev tseg nyob rau Title VI, Title VII, Title IX, Section 504 los yog Txojcai Tiv Thaiv Haiv Neeg Mekas uas Xiam Oob Qhab, nej sau tau ib tsab ntawv tsis txaus siab tuaj rau tus saib xyuas tej teebmeem zoo li no uas yog tus WSD Equity Director nyob tom Longfellow Administration Center, 415 Seymour Street, Wausau, Wisconsin 54403, los yog hu rau nws ntawm tus xovtooj 715-261-0549.

El Distrito Escolar de Wausau no discrimina contra las personas por motivos de sexo, raza, religión, nacionalidad, ancestro, credo, embarazo, estado civil, orientación sexual, o discapacidad física, emocional, mental o de aprendizaje. La Ley Federal prohíbe cualquier tipo de discriminación en la educación y empleo por motivos de edad, raza, color, nacionalidad, sexo, religión o discapacidad.

Cualquier persona que crea que el Distrito Escolar de Wausau ha aplicado inadecuadamente los principios y/o reglas del Título VI, Título VII, Título IX, Sección 504 o del Acta para Americanos con Discapacidades, podrá presentar una denuncia ante el Director de Igualdad del Distrito Escolar de Wausau al Centro de Administración Longfellow, 415 Seymour Street, Wausau, Wisconsin 54403, o por teléfono al 715-261-0596.

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**Wausau School District – Special Accommodations Form**

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Activity \_\_\_\_\_ Effective Date(s) \_\_\_\_\_

Special Accommodations Requested \_\_\_\_\_

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