

BAY PORT HIGH SCHOOOL

Sign-off Form

Co-curricular Activities/Parent-Athlete Rules of Eligibility

Today's Date: _____

Student Id# _____

Athlete's Name: _____

Year Athlete Graduates: _____

Please check (✓) appropriate box or boxes below that pertain to your activity.

- ☐ **PARENT/ATHLETE – Group 1 Athletic Activities**
I have read and understand the athletic regulations. My signature signifies that I will adhere to the regulations set forth in the code of conduct.
- ☐ **PARENT-ATHLETE WIAA RULES OF ELIGIBILTY:**
I certify that I have received, read, understand, and agree to abide by all of the Information contained in the High School Athletic Eligibility Information Bulletin from The WIAA. I further certify that if I have not understood any information contained in the document, I have sought and received an explanation of the information prior to signing this statement.
- ☐ **PARENT/STUDENT – Group 2 Performance Based Activities**
I have read and understand the co-curricular regulations. My signature signifies that I will adhere to the regulations set forth in the code of conduct.

Parent/Guardian's Signature

Date

Athlete/Student's Signature

Date

This form must be complete and submitted to the Athletic/Activities office prior to a student being declared eligible to practice and compete.

