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Durand-Arkansaw School District Home Page
Athletics
Sports Code Meeting Video

Rev 7.14.15

DURAND MIDDLE/HIGH SCHOOL
Co-Curricular Code of Conduct Eligibility Form
2019-20 School Year

Athlete's Name _____ **Grade**_____
(Please Print)

ATHLETE:
I have attended an athletic eligibility meeting or have gone online to the School District of Durand website to meet eligibility requirements. I have received and read a copy of the co-curricular code and hold myself responsible for the expectations listed there in. I understand that, through my participation in school-sponsored activities, I am held to standards written in the code as well as additional expectations assigned by my coaches. I am a representative of my school on and off the playing field.

Athlete's Signature: _____ **Date**_____

PARENT / GUARDIAN:
My son or daughter has made the choice to participate in a Durand Co-Curricular Activity and is doing so with my permission. I have attended an athletic eligibility meeting or have gone on-line to the School District of Durand Home Page. I have received and read a copy of the co-curricular code and understand that my son or daughter will be held responsible for the expectations listed there in. I understand that, through his or her participation in school-sponsored activities, he or she is held to standards written in the code as well as additional expectations assigned by his or her coaches.

Parent/Guardian Signature _____ **Date** _____

Anticipated Athletic Participation

____ Cross Country – Co-ed	____ Basketball – Boys	____ Baseball
____ Volleyball	____ Basketball – Girls	____ Golf
____ Football	____ Wrestling	____ Softball
		____ Track – Co-ed

***Note:** The WIAA mandates a 1 (one) calendar year student athlete suspension period for any athlete (or parent of athlete) who falsifies information for eligibility. Dishonesty or forgery on this document is considered such.

Grade 9-12

PARENT-ATHLETE RULES OF ELIGIBILITY SIGN-OFF FORM 2019-20

I certify that I have read, understand, and agree to abide by all of the information contained in this bulletin. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

_____
School Name

_____	_____	_____
Parent/Guardian's Signature	Please Print Name	Date
_____	_____	_____
Student-Athlete's Signature	Please Print Name	Date

This form must be completed and submitted to the Athletic Director prior to a student being declared eligible to practice and compete.