

TLS Athletes Code of Ethics

Athletics can offer many opportunities for people; self-discipline, teamwork, competition, physical exercise, not to mention fun! However, education is more important and valid in everyday life. Therefore, in order to be eligible to play on an athletic team at Trinity, each student must have a 'C' average or better. Student's with less than a 'C' average may participate IF the teacher certifies that appropriate effort is being made. Having more than 5 late slips in one quarter may result in suspension from the team.

Not only is education important, but so are the ethics of an athlete (the way an athlete behaves both while playing and while he/she isn't playing). Therefore, we believe that this code, or set of rules, is essential to ALL Trinity athletes. The following set of rules has been established for all athletes at Trinity Lutheran School who participate in any sport, whether fall, winter, and/or spring.

1. On an athletic team, there are two important people: "First God, then team!" Putting God first in our personal lives is of the utmost importance. One way we can do that is by attending church regularly. On tournament Sundays, it is expected that athletes will be in church before they play in a game that day (Saturday/Monday services also count for that week).
2. Use your God-given talents to the best of your abilities.
3. Let your "light" shine at all times.
4. Remember you are not only representing Trinity, but also yourself, your parents, and most importantly your SAVIOR.
5. Respect your coaches, teammates, opponents, officials, and fans at all times.
6. Attend all practices and games unless you have been excused by the coach/parents in advance. Select leagues are not considered a valid excuse to miss practice. Remember, other players and coaches are counting on everyone to be at all practices. (No excuse needed if athlete is sick from school that day).
7. If you are absent from school on a practice or game day, you will not be allowed to practice or play that day.
8. No illegal substances at any time.

These rules are given as a guideline to follow. The result of breaking any of these rules may include loss of playing time, game suspensions, or asked to leave the team indefinitely. The following form needs to be signed and returned prior to participation in any games or practices.

In His Service,



I, _____, have read the information given above in the code of ethics form. I understand and will follow these rules as a Trinity Lutheran athlete.

(Athlete's Signature)

(Date)

As the parent/s or legal guardian of, _____, I/we will support and encourage our child/ren (as well as the Trinity coaching staff) as an athlete at Trinity Lutheran School.

(Parent's Signature)

(Date)

**TRINITY LUTHERAN SCHOOL 2018-2019
INTERSCHOLASTIC ATHLETIC ACTIVITIES WAIVER**

(Each student participating in 2018-2019 Athletic Activities must fill this form out. Students will not be permitted to participate in Interscholastic Athletic Activities until this form is turned in.)

Please fill one form out for each child attending TLS who will be participating in athletics during the 2018-2019 school year.

Child's Name _____ **Date of Birth** _____

Address (include zip code) _____

Telephone _____

Emergency Contact:

Name _____

Relationship _____

Telephone Number _____

Family Physician:

Name _____

Telephone _____

Important medical information concerning your child:

INTERSCHOLASTIC WAIVER INFORMATION

I hereby give permission for the above named student to compete and represent Trinity Lutheran School in interscholastic athletic activities.

I attest that the student has not been hospitalized or suffered any serious illness or injury precluding his/her participation in athletic activities.

My insurance coverage is adequate to cover the costs incurred by accident or injury to the above named student.

Date

Parent' Signature



PARENT & ATHLETE AGREEMENT

Related to Concussion Law WI Stat. 118.293

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be on file for every sports season and every youth athletic organization the athlete is involved with and must be renewed each school year (clubs- every 365 days).*

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian
Signature _____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete
Signature _____ Date _____



Questions and Contact Information

Related to Concussion Law WI Stat. 118.293

Name _____ Date _____

Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Age _____ School _____ School District _____

Check all that apply
I participate in:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis | <input type="checkbox"/> Swimming & Diving | |
| <input type="checkbox"/> Other _____ | | | |

Name of Current Team _____

1. Have you ever had a concussion? _____, if yes, how many? _____

2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Please complete this form and return to the person operating the youth athletic activity.