

ALTERNATE YEAR FORM

Wauwatosa School District –
High School Athletic Participation Form

School Year: _____

Physical examinations taken April 1 and thereafter are valid for the following two school years; physical examinations taken before April 1 are valid only for the remainder of that school year.

****All athletes participating in Interscholastic Athletics must have this signed form on file PRIOR TO PRACTICE OR PARTICIPATION, and have paid the Athletic Fee (per sport).****

Last Name	First Name	Date of Birth	
County & State of Birth	Grade	Age	Sex

PARENTAL CONSENT Statement

I hereby give my permission for the above named student to compete and represent his/her school in WIAA approved sports.

I attest to the fact that the above named student has not had a significant operation, serious illness or injury requiring pro-longed treatment since the last pre-participation evaluation.

Parent: (If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, please contact your medical advisor before signing this form.)

Date of last Physical Exam (if known): _____

SIGNATURE of Parent(s) _____

Date : _____

Phone: _____

Personal Information

Parent Name(s) _____

Address: _____

Father's Place of Employment: _____

Phone: _____

Mother's Place of Employment: _____

Phone: _____

Name of Insurance Carrier: _____

Policy #: _____

School student attended last semester: _____

Phone: _____

If a student attended a school outside of the Wauwatosa School District, was student under Athletic Suspension at the time he/she withdrew from the school listed above? Yes No

Would student be academically eligible for Athletics if still enrolled at the school listed above? Yes No
(Please refer to the Athletic Code & Information for academic eligibility--attached)

I attest that all information given on this participation form is accurate and correct.

SIGNATURE of Parent(s) _____

Date : _____

Parents or Guardian Permission

I hereby give my permission for the named student to participate, compete and represent Wauwatosa High School in WIAA approved interscholastic sports/senior high athletics excepting those restricted, and as a parent (or legal guardian) I agree to be financially responsible for the safe return of all athletic equipment/uniforms issued to him/her.

I further grant permission for my son/daughter named to be given immediate emergency care¹ in case of injury as the result of athletic competition by the team physician or trainer.

¹Pursuant to the requirements of the Health Insurance Portability & Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the named student, including emergency medical personnel & other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury & treatment of the student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care & injury record-keeping.

SIGNATURE of Parent(s) _____

Date : _____

Athletic Insurance Coverage

I understand the Wauwatosa School District does not provide individual or group health/accident insurance coverage for student-athlete injuries that occur during participation in athletic practices or games. I further understand the WIAA does not provide individual student coverage.

The school does have available private accident insurance applications in the Activities Office. I understand and accept that it is my responsibility as parent/guardian to provide health/accident insurance coverage if such is desired.

SIGNATURE of Parent(s) _____

Date : _____

ATHLETIC CODE CONTRACT

As a member of the sports squads here at Wauwatosa West High School, I agree to be responsible for all equipment issued to me, to pay for any items which are lost, stolen, or damaged and to abide by the athletic code which I have received with this form.

I also realize that athletic awards presented to me are presented in trust and may be reclaimed by the school at any time up until graduation if I fail to live up to the standards set forth by the Athletic Department and printed in the Athletic Handbook.

SIGNATURE of STUDENT _____

Date : _____

I agree that my son/daughter is to abide by the district athletic code and will be financially responsible for all equipment/uniforms issued to him/her which are lost, stolen or damaged.

SIGNATURE of Parent(s) _____

Date : _____