

PHYSICAL 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

Physician Section

The above-named student has been examined and there is no contraindication to participating in interscholastic athletic activities except as follows: **(Physicians note: Please refer to the guide for athletic disqualification)**

If student is **RESTRICTED** or **DISQUALIFIED** from any sports or school activities, please indicate. If none, write **none** _____

If a student requires an ANNUAL physical (rather than the WIAA requirement of a physical every two years), please indicate here: _____

Cleared for Participation Cleared with Restrictions Not Cleared Reason: _____

SIGNATURE of licensed physician (MD or DO) _____ Date of Exam: _____

Address: _____ 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 : _____