

**WAUWATOSA SCHOOL DISTRICT
ATHLETIC PARTICIPATION FORM – PHYSICAL**

All athletes participating in Interscholastic Athletics must have this sheet on file at the school prior to practice or participation.

I. PHYSICAL EXAMINATION CARD – TO BE IN EFFECT NEXT SCHOOL YEAR, THIS EXAMINATION CANNOT BE TAKEN BEFORE APRIL 1.

Last Name First Name Initial Date of Birth

Place of Birth (County and State) Grade Age Sex

The above named student has been examined and there are no constraints to participating in interscholastic athletic activities except as follows: (Physicians note: Please refer to the guide for athletic disqualification.) _____

If the student is restricted or disqualified from any sports or school activities, please indicate. (If none, write "none".) _____

If the student requires an annual physical (rather than the WIAA requirement of a physical every two (2) years), please indicate here. _____

Signature of licensed Physician or Surgeon _____

Address _____ City and State _____

Telephone _____ Date of Exam _____

II. PERSONAL INFORMATION

Student Name _____

Parents' Address _____ Telephone _____

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____

Policy Number _____

School student attended last semester Phone

IF A STUDENT ATTENDED A SCHOOL OUTSIDE THE WAUWATOSA SCHOOL DISTRICT, WAS THE STUDENT UNDER DISCIPLINARY 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

I attest to the fact that the information given in Section II is accurate and correct.

Signature of Parent or Guardian Date

III. PARENTS OR GUARDIANS PERMISSION

I hereby give my permission for the above named student to participate, compete, and represent the school in WIAA approved interscholastic sports/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 issued to him/her. I further grant permission for my son/daughter named above, to be given immediate emergency care in case of injury as the result of athletic competition by the team physician or any other physician.

Signature of Parent or Guardian

Date

IV. 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 accident insurance through Student Assurance Services, Inc. Forms are available in the school office. I understand and accept that it is my responsibility as a parent or guardian to provide health/accident insurance coverage if such is desired.

Signature of Parent or Guardian

Date

V. ATHLETIC CODE CONTRACT

As a member of the sports squads at Whitman Middle 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. 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.

Student Signature

Date

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

Signature of Parent or Guardian

Date

THIS SHEET IS TO BE COMPLETED AND RETURNED TO THE SCHOOL OFFICE, NOT THE COACH.