

**WAUWATOSA SCHOOL DISTRICT**  
**ATHLETIC PARTICIPATION FORM – ALTERNATE YEAR CARD**

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

**I. PHYSICAL EXAMINATION CARD**

\_\_\_\_\_

Last Name	First Name	Initial	Date of Birth
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\_\_\_\_\_

Place of Birth (County and State)	Grade	Age	Sex
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I attest to the fact that the above named student has not had a significant operation, serious illness or injury requiring prolonged treatment since the last pre-participation card.

\_\_\_\_\_

Signature of Parent or Guardian	Date
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**NOTE: If a student did not attend a Wauwatosa School last semester, a copy of his/her physical must accompany this form.**

**II. PERSONAL INFORMATION**

\_\_\_\_\_

Student Name

\_\_\_\_\_

Parents' Address	Telephone
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\_\_\_\_\_

Parents' Place of Employment

\_\_\_\_\_

Family Physician	Family Dentist
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\_\_\_\_\_

Name of Private Insurance Carrier

\_\_\_\_\_

Policy Number

\_\_\_\_\_

School Attended Last Semester	Phone
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**IF THE ABOVE NAMED 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 THE ABOVE NAMED 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
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**III. PARENTS OR GUARDIAN 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 the 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 OFFICE, NOT THE COACH.**