



Name _____

Last	First	M.I.	Date	Grade in School
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ATHLETIC PERMIT AND LIABILITY WAIVER
This portion is to be filled out every year.

1. I hereby give my permission for my student to practice and compete and represent the school in WIAA approved interscholastic sports except those restricted on this form.
2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named on this form, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this 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 and injury record-keeping.
3. I also attest to the fact that the student named on this form has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
 I, the undersigned, have adequate insurance and am willing to take full financial responsibility for any and all injuries sustained by my son/daughter while participating, whether it be in a practice session or in actual competition, in a WIAA or any other sponsored sport in the Appleton Area School District Athletic program.
 I further knowingly and voluntarily waive any and all claims against and forever release the Appleton Area School District, its Board Members, Officers, Agents, Employees and Volunteers for any and all injuries sustained by my son/daughter with participating, whether it be in a practice session or in actual competition, in a WIAA or any other sponsored sport in the Appleton Area School district Athletic program.

Parent/Legal Guardian Signature _____ Date _____

Printed Parent/ Legal Guardian Name _____

Athletic Code of Conduct
This portion is to be filled out every year.

View the Athletic Code of Conduct full text here.

I understand all of the rules and regulations of the Appleton Area School District Athletic Code of Conduct. I furthermore agree to cooperate with the school in enforcing the code for the betterment of all concerned.

Athlete Signature _____ Date _____

Parent Signature _____ Printed Parent Name _____

Sports _____

Activities _____

Wisconsin Interscholastic Athletic Association High School Athletic Eligibility Information

Parent-Athlete Rule of Eligibility
This portion is to be filled out every year.

I certify that I have read, understand, and agree to abide by all of the information contained in the WIAA Athletic Eligibility Bulletin. I further certify that if I have not understood any information contained in that document, I have sought and received an explanation of the information prior to signing this statement.

Student/Athlete's Signature _____ Date _____

Parent/Guardian's Signature _____

A separate concussion acknowledgment form must be filled out and on file prior to the start of practice.

Athletic Alternate Year/ New Physical Page
Fill out name, age, address, etc., and either the Alternate Year or Athletic Permit box.

NAME _____
Last First Middle Initial Date of Birth

Age _____ **Sex** _____ **Grade** _____ **School** _____ **Phone** _____

Address _____ **City** _____ **Zip** _____

*******ONE of the TWO boxes below MUST be completed and on file prior to the first practice*******

Please note that a physical taken after April 1 is good for the next two years with this alternate waiver. Physicals taken before April 1 are good only for the remainder of that school year and during the following year with this alternate waiver. The school must still have a copy of the original physical on file, so new athletes or transfer students need to be prepared to supply the original physical.

WIAA ALTERNATE YEAR ATHLETIC PERMIT

ATHLETIC PERMIT AND LIABILITY WAIVER FROM PAGE ONE MUST BE SIGNED.

SCHOOL YEAR 20 _____ **- 20** _____

Name _____ **Grade** _____ **Date of Birth** _____
Last First Middle Initial

Address _____ **Telephone** _____

PARENT: If there is any question that this student may not be healthy enough for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing. Always defer to the recommendations of your primary care physician when deciding whether or not to have a new physical. A new physical is required at least every two years by the WIAA in order to compete. Signing below indicates that my child is in good physical health and able to fully participate and has had a physical within in past two years which meets WIAA requirements.

Date of original physical _____

SIGNATURE OF PARENT _____ + _____ **DATE** _____

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR CARD OR A CURRENT PHYSICAL ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION

--OR--

WIAA ATHLETIC PHYSICAL PERMIT

ATHLETIC PERMIT AND LIABILITY WAIVER FROM PAGE ONE MUST BE SIGNED.

SCHOOL YEAR 20 _____ **- 20** _____

Physical examinations on April 1 and thereafter is valid for the following two school years; physical examination taken before April 1 is valid only for the remainder of that school year and the following school year. If taking a new physical, be sure to fill out a Physical History Form prior to your doctor's visit and have your doctor complete the following after your examination.

Cleared without restriction Cleared, with recommendation for further evaluation or treatment for: _____

Not cleared for: All Sports Certain Sports: _____

Reason & recommendations: _____

Signature of Licensed Physician (MD or DO) & (APNP or PA): _____

Address _____ **City** _____

State _____ **Zip Code** _____ **Office Phone** _____ **Exam Date:** _____

*****All students participating in Interscholastic Athletics must have this form on file at their school PRIOR TO PRACTICE OR PARTICIPATION.**