

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION - ATHLETIC PERMIT CARD (Print or Type)

1. Examination taken after April 1 is good for the following TWO SCHOOL YEARS.
2. Examination taken before April 1 is good for the remainder of that SCHOOL YEAR and the following SCHOOL YEAR

NAME _____ GRADUATION YEAR _____ DATE OF BIRTH _____

Grade _____ Last _____ First _____ Middle Initial _____ Age _____ Sex _____ Student # _____ High School _____

The above named student has been examined and there are no apparent contraindications to participating in interscholastic athletic activities except as follows:
Sports or school activities in which this student cannot participate are (if none - write NONE) _____

SIGNATURE OF LICENSED PHYSICIAN* _____ or APNP: _____

Address _____ Zip _____
Phone _____

DATE OF EXAMINATION _____

* Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this card with the physician's signature or the name of the clinic with which the physician is affiliated.

Current Address _____ Zip _____ Phone _____

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____

Policy Numbers and Address _____

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved sports.
2. I further grant permission for any medical records pertaining to the health of the above named student be made available as necessary to the proper school district personnel and appropriate health care providers, including emergency medical personnel.
3. It is recommended that information regarding your child's allergies and prescribed medication be made available.

DATE _____

(Signature of Parent)

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

OVER for District Waiver Card - - - - - >

Racine Unified Athletic Code-Rules-Policies-Procedures

Pertinent health issues that you wish to voluntarily share with your child's coach should be written on the yellow athletic emergency card. School district employees who obtain information from a student's health-care record must keep the information confidential and may not disclose identifying information about any child whose patient health-care records are released.

WIAA Green cards cannot be forwarded to other schools unless the Authorization for Exchange of Health or Education Information (HIPAA Compliant) form has been completed.

We have received, read, and understand the Racine Unified School District's and WIAA's eligibility, rules, transfer and code of conduct for High School Athletes. We understand that all athletes are expected to abide by these rules, policies, and procedures, and those individual team policies presented by the coaches and will be subject to penalty if found in violation.

Athletes are responsible for proper care of uniforms and equipment and parents will be held financially responsible for damaged or missing uniforms and equipment. Students may not participate further until this responsibility is met.

User Fees will not be refunded for any reason other than being cut from the sport. Refunds must be requested from the Activities Office.

Insurance Waiver

To Parents: One of the requirements for participation in interscholastic athletics is that every athlete be insured against injury. For this purpose the school district makes available standard insurance through the Student Assurance Services. A boy or girl who is already adequately insured by his/her family may be allowed to participate only if one of the parents waives the required insurance offered through the school. Your signature on this form constitutes such a waiver and signifies your son or daughter does have accident insurance coverage for the dates of participation. It is further understood that the school district does not assume any liability for health and accident expenses and such responsibility will be that of the parent or guardian.

We have read and understand all of the above.

Parent/Guardian Signature

Student Signature

Date

Insurance Company

OVER for WIAA Card
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