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

NAME: _____ Date of Birth: _____
Last First MI

Age_____ Gender_____ Grade_____ School_____ Phone_____

Present Address_____ City_____ Zip Code_____

**All students participating in interscholastic athletics must have an alternate year form or current physical on file at their school prior to the first day of practice.**

Physical examination taken 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.

## WIAA ALTERNATE YEAR ATHLETIC PERMIT

**School Year 20_____ - 20_____**

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 the past two school years which meets WIAA requirements.

Date of last physical:_____

**Signature of Parent:**_____ **Date:**_____

**OR**

## WIAA ATHLETIC PHYSICAL PERMIT

**School Year 20_____ - 20_____**

*Physical examination taken 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 this form following your examination.*

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

_____

☐ **Not cleared for: ____ All Sports ____Certain Sports:**_____

**Reason and recommendations:**_____

_____

**Signature of Licensed Physician (MD or DO/APNP*):**_____

**Address:**_____ **City:**_____

**State:**_____ **Zip Code:**_____ **Telphone:**_____ **Exam Date:**_____

Fill out ALL information on this page.

NAME: _____ Date: _____ Grade: _____
Last First MI

## ATHLETIC PERMIT AND LIABILITY WAIVER

***This portion must 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, and/or other professional health care providers for purposes of treatment, emergency care and injury recordkeeping.
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 actual competition, in a WIAA or any other sponsored sport in the New Holstein School District.

I further knowingly and voluntarily waive any and all claims against and forever release the New Holstein School District, its Board Members, Officers, Agents, Employees and Volunteers for any and all injuries sustained by my son/daughter while participating, whether it be in a practice session or actual competition, in a WIAA or any other sponsored sport in the New Holstein School District.

**Parent/Legal Guardian Signature:** _____ **Date:** _____

**Printed Parent/Legal Guardian Name:** _____

## New Holstein School District-Co-Curricular Code of Conduct

***This portion must be filled out every year.***

We have attended the mandatory Co-Curricular Activities Code Meeting presented by the School District of New Holstein. We have listened to the explanation of the Code and will read the Code presented to us.

As a student participating in co-curricular activities at the School District of New Holstein, I agree to follow the rules listed and accept the disciplinary action laid out in the Code.

As parent(s)/guardian(s) of a student participating in co-curricular activities at the School District of New Holstein, we agree to enforce this Code with our son/daughter.

All rules will be in effect from the day the participant signs the co-curricular code to the last day the participant is involved in co-curricular activities. All regulations are in effect 12 months a year.

**Printed Student Name:** _____ **Grade:** _____

**Student Signature:** _____ **Date:** _____

**Parent/Legal Guardian Signature** _____ **Date:** _____

**A separate Concussion Parent & Athlete Agreement must be filled out and on file prior to the start of practic**