

SENIOR HIGH ATHLETIC PARTICIPATION FORM – ALTERNATE YEAR CARD

All students participating in interscholastic athletics must have this sheet on file at the school prior to practice or participation.

I. PHYSICAL INFORMATION CARD

Last Name	First Name	Initial	Date of Birth	
Place of Birth (County and State)		Grade	Age	Sex
Family Physician _____		Family Dentist _____		

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 _____ Date _____

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