

Physical Form

Waukesha North High School

2222 Michigan Avenue
Waukesha, WI 53188

Wisconsin Interscholastic Athletic Association - Physical Examination Card

School Year _____

1. Examination taken AFTER April 1st is good for the following TWO SCHOOL YEARS.
2. Examination taken BEFORE April 1st is good for the remainder of THAT School Year and the following School Year.

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

STUDENT NAME: _____ **CLASS OF: 20** _____ **YR IN SCHOOL: 9 10 11 12 (CIRCLE)**

(Last) (First) (M.I.)
Student I.D. _____ Date of Birth: _____ Male or Female (circle)

Sport: _____ Baseball _____
Fall Winter Spring

******WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION *** ***** REQUIRED BEFORE ATHLETE CAN PRACTICE*******

High School Athletic Eligibility Information

PARENT-ATHLETE RULES OF ELIGIBILITY

SIGN-OFF FORM

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. This form is available on our website: www.waukeshanorth.org go to athletics and then forms.

Parent/Guardian's Signature _____ **Date** _____

Student-Athlete's Signature _____ **Date** _____

Your signature represents that you have read and agree to the rules and regulations set forth by the WIAA and the School District of Waukesha.

Waukesha Public Schools Athletic Code of Conduct: I understand all of the rules and regulations of the Waukesha Public Schools Athletic Code of Conduct. I furthermore agree to cooperate with the school in enforcing the code for the betterment of all concerned.

1. I agree to be responsible for all equipment issued and pay for any items not returned or damaged due to negligence.
2. I understand the dangers unique to the sport(s) in which I will be participating.
3. Parent/Guardian and Athlete understand attendance is required for new and first time athletes at a Parent/Athlete Meeting prior to participation. For years where meeting attendance is not required of both parent/guardian and athlete, athlete must attend the meeting to be held with the team.

The Waukesha Public Schools suggests that all athletes have adequate insurance coverage prior to participation in athletics.

My child is adequately covered by: _____ (Insurance Co.) Policy No. _____

There are different insurance options available if you need coverage. For detailed information, contact Student Assurance Services, Inc. 800-328-2739. Insurance forms are available in Activities Office.

Physician: _____ - Tele.# _____ Dentist: _____ - Tele # _____

