

Waukesha South High School  
401 E. Roberta Avenue  
Waukesha, WI 53186

Wisconsin Interscholastic Athletic Association - Physical Examination Card

School Year \_\_\_\_\_

1. Examination taken AFTER April 1<sup>st</sup> is good for the following TWO SCHOOL YEARS. (*Physicals for 2017-2018 must be April 1, 2016 or after*)
2. Examination taken BEFORE April 1<sup>st</sup> 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: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) CLASS OF: **20** \_\_\_\_\_ YR IN SCHOOL: **9 10 11 12** (CIRCLE)

STUDENT I.D. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ MALE OR FEMALE (CIRCLE)

Sport: \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Baseball \_\_\_\_\_

WAUKESHA PUBLIC SCHOOLS ATHLETIC CODE OF CONDUCT

1. 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.
2. I agree to be responsible for all equipment issued and pay for any items not returned or damaged due to negligence.
3. I understand the dangers unique to the sport(s) in which I will be participating.
4. 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. A new Athletic Code Contract must be on filed each year.

\_\_\_\_\_  
(Athlete Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

The Waukesha Public Schools require 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 # \_\_\_\_\_

Waukesha South High School/WIAA Physical Exam Form

NAME: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ Class of 20 \_\_\_\_\_

PARENT/LEGAL GUARDIAN'S NAME: \_\_\_\_\_ (LAST NAME) \_\_\_\_\_ (FIRST NAME) \_\_\_\_\_ OTHER \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ (STREET ADDRESS) \_\_\_\_\_ (CITY) \_\_\_\_\_ (ZIP) \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_ (OTHER) \_\_\_\_\_

IN THE EVENT A PARENT/GUARDIAN CANNOT BE REACHED, PLEASE PROVIDE AN ALTERNATE EMERGENCY CONTACT NAME & TELEPHONE NUMBER

PHONE # \_\_\_\_\_

I give my permission to share the information contained on this side of the physical card with the Athletic Trainer or Coach so they have access in case of emergency. \_\_\_\_\_ (Parent/Guardian Signature)

**FOR COMPLETION BY LICENSED PHYSICIAN, ADVANCED PRACTICE NURSE PRESCRIBER OR SURGEON:**

The above named student has been examined and there are no apparent Contraindications to participating in interscholastic athletic activities except as follows: \_\_\_\_\_

Sports or activities in which this student cannot participate are: (if none - write NONE): \_\_\_\_\_

If student is restricted or disqualified, please indicate reason(s): \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Signature of Licensed Physician or Surgeon: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Please Print Doctor/Nurse name: \_\_\_\_\_

Address: \_\_\_\_\_ City and State: \_\_\_\_\_