

Waukesha South High School
 401 E. Roberta Avenue
 Waukesha, WI 53186
 Wisconsin Interscholastic Athletic Association - Alternate Year Card
 School Year _____

1. Examination taken AFTER April 1st is good for the following TWO SCHOOL YEARS. (Physicals for 2017-2018 must be April 1, 2016 or after.)
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: _____ GRADUATION YR _____ YR IN SCHOOL: 9 10 11 12
 (Last) (First) (M.I.) (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 file 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 Alternate Year Card

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

PHYSICAL DATE: _____

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

Name of Emergency Contact _____ PHONE # _____

WIAA MEMBER NUMBER: _____

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 also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
3. I further grant permission for any medical records pertaining to the health of the above named student to be made available as necessary to the proper school district personnel and appropriate health care providers, including emergency medical personnel.

Parent: If there is any question that this student may not be qualified for athletic competition without, at least a partial re-evaluation, contact your medical advisor before signing this card.

Signature of Parent/Guardian _____ Date _____