



**STEVENS POINT
AREA SCHOOL
DISTRICT
ATHLETIC CODE
7th & 8th GRADE**



Rules & Regulations for Student Participation in Athletic Programs at the district Junior Highs.

Introduction:

This Athletic Code is designed for each student involved in extra-curricular or co-curricular athletic activities in grades seven and eight. It allows each participant to make a personal commitment to a healthy environment in athletics, which expands and enriches academic programs.

It is the responsibility of coaches, advisors, students, administrators and parents to recognize the unique commitment that the student is making in junior high school athletics. All of these people should work as a support base to encourage the commitment made by the students with whom they work.

Philosophy:

The Stevens Point Area Public School Board believes that involvement in junior high and high school athletics is an important part of the total educational opportunity in the Stevens Point Area Public Schools.

Junior high school athletics are part of the Third Curriculum. The First Curriculum consists of required classes. The Second Curriculum consists of elective classes. Third Curriculum consists of athletics and extracurricular activities. The Third Curriculum helps round out the educational experience by promoting physical well being, emotional growth, development of self discipline, ethics, good citizenship and the encouragement of cooperative social skills.

Student Commitment Pledge:

"I understand that my academic work is a priority for me. I will keep this priority in focus as I participate in junior high school athletics. I will continually demonstrate my commitment through constant class attendance. I make a unique commitment to maintain a healthy lifestyle through my involvement in junior high athletics. I realize that I represent myself as well as my school through my involvement in the athletics I select. I ask my parents, teachers, friends, coaches or advisors to recognize and support my commitment and involvement."

Application:

This Code applies to all students participating in Stevens Point Area Public Schools junior high athletics in grades seventh and eighth. This Code does not preclude action taken due to school rules, club constitutions, team rules, co-curricular activity rules, Wisconsin Interscholastic Athletic Association rules, municipal, county or state ordinances and laws.

The Stevens Point Junior High Schools Offer the Following Athletic Opportunities

7th Grade	8th Grade	9th Grade
FALL	FALL	FALL
Football	Football	Football
Girls Volleyball	Girls Volleyball	Girls Volleyball
Girls Swimming	Girls Swimming	Girls Swimming
Boys Soccer	Boys Soccer	Boys Soccer
Girls Tennis	Girls Tennis	Girls Tennis
Girls & Boys Cross Country	Girls & Boys Cross Country	Girls & Boys Cross Country
Cheerleading & Poms	Cheerleading & Poms	Cheerleading & Poms
		Girls Golf
WINTER	WINTER	WINTER
Girls & Boys Basketball	Girls & Boys Basketball	Girls & Boys Basketball
Wrestling	Wrestling	Wrestling
Cheerleading & Poms	Cheerleading & Poms	Cheerleading & Poms
		Boys Swimming
		Girls & Boys Hockey
		Gymnastics
SPRING	SPRING	SPRING
Girls & Boys Track	Girls & Boys Track	Girls & Boys Track
Boys Tennis	Boys Tennis	Boys Tennis
Girls Soccer	Girls Soccer	Girls Soccer
	Softball	Softball
	Baseball	Baseball
		Boys Golf

* 7th & 8th soccer, swimming, tennis & wrestling are co-op programs between Ben & P.J. Busing is provided for these activities

** Ninth grade students have the opportunity to compete in sports at SPASH. Busing is provided from Ben Franklin/P J Jacobs, but parents will pick up the athletes from SPASH after practice.

REQUIREMENTS FOR PARTICIPATION:

WIAA PHYSICAL CARD	Students will receive a form from their physician when their physical is complete. This form is good for two years. The Alternate year Athletic Permit card must be signed by the parent/guardian during the alternate year.
ATHLETIC CODE AGREEMENT	This agreement states that the parent and student have read and understand the athletic regulations and agree to abide with the regulations. The code needs to be signed each school year. This form shall act as a pledge by the student to adhere to the code and by the parent to enforce the code with their child.
ATHLETIC EMERGENCY MEDICAL FORM	This form must be completed prior to participation in athletics. This allows the athlete to receive emergency medical treatment in the event that we cannot contact the parent/guardian. This form must be filled out once a year.
ACADEMIC REQUIREMENTS	<p>Students must be enrolled in the minimum course load required by the Stevens Point Area Board of Education.</p> <p>Academic eligibility will be determined by the nine week grading period. A student failing any class at that time will be declared ineligible for competition. A student who is declared academically ineligible after a grading period may regain eligibility after 15 school days provided the student shows evidence of passing in all classes at that time. A student failing to regain eligibility at that time may attempt to regain eligibility on a weekly basis thereafter by showing satisfactory evidence of passing all classes. The 15 school day suspension from events will begin on the day the Athletic Director becomes aware of the failing grade. The student will be allowed to practice, but will not be eligible to compete.</p> <p>A grade of incomplete will be considered a passing grade. If an incomplete turns into a failing grade, eligibility will be affected.</p>
DAILY ATTENDANCE	<p>Attendance is important to academic success. Students are expected to attend all classes if they desire to compete in athletics.</p> <p>In case of illness, the student is required to be at school by 11:00 a.m. to be eligible to participate in practice or contests. Other types of absences will be handled by the Athletic Director or Principal.</p>

INAPPROPRIATE BEHAVIOR:

Behavior that is contrary to healthy involvement, good citizenship, ethical considerations, school rules or state law may subject the participant to a loss of participation in athletics.

Violations involve:

1. Pursuant to Board Policy 5512, possession or use of alcohol, tobacco, or controlled substances is prohibited. Pursuant to Board Policy 5530, substances classified or presented as "look alikes" shall be considered and responded to as if they were in fact the actual chemicals.
2. Student athletes are directed not to place themselves in the presence of others who are illegally possessing or using alcohol, tobacco or controlled substances. It is the expectation of this code that an athlete leave, disassociate themselves, and not knowingly linger in the presence of others or remain in the environment where illegal possession of alcohol, tobacco or controlled substances is taking place.
3. Negative acts against persons or property. Involvement in behaviors which are viewed as contrary to accepted moral and ethical standards, including but not limited to, abusive language, vandalism, fighting, cheating etc.
4. Acts of hazing, initiation, harassment, or discrimination contrary to the laws of the state of Wisconsin, the federal government or school board policy, whether or not such act results in prosecution.

Violations shall be subject to the Sanctions as set forth in that section of the Athletic Code.

SANCTIONS APPLIED TO INFRACTIONS:

First Sanction: Two contests of a season's competitive schedule plus referral to the AODA coordinator, if appropriate. The athlete must practice during the suspension.

Subsequent sanctions: Suspension from all athletics for 90 school days. No practice or participation in contests will be allowed.

In School Suspension while the athlete is participating in a sports season will result in a one contest suspension. In-school suspension will not be considered in determining first, second etc sanctions.

NOTES ABOUT SANCTIONS:

Sanction requirements may only be satisfied by participation in a complete season in which the sanction is served.

A student receiving a second sanction before satisfying the first sanction shall serve the periods of ineligibility consecutively, not concurrently.

The Athletic Director will determine minimum penalties for any other unacceptable conduct contrary to the ideals, principles and standards of the District and the WIAA, including but not limited to criminal behavior.

APPEAL PROCESS

A student and his/her parents may appeal an imposed sanction by a written appeal to the District Hearing Officer. The District Hearing Officer must receive such appeal within 72 hours of the sanction being imposed, or prior to the next interscholastic competition, whichever comes first.

A hearing on the appeal will be scheduled in a timely manner before the District Hearing Officer or his/her designee. The student will have the right to present testimony and evidence, the right to confront and cross-examine adverse witnesses and the right to be advised or represented by legal counsel at his/her own expense. The District Hearing Officer or his/her designee will render a decision within 48 hours of the completion of the hearing.

Pursuant to recommended WIAA policy, any sanctions will not take effect during any period of appeal.

NON-SCHOOL PARTICIPATION:

- Ben Franklin and PJ Jacobs are WIAA Member Schools
- Athletes may practice with a club team in the same sport or receive private skill instruction during our season
- Athletes MAY participate in unlimited competitions in a DIFFERENT sport during their season
- Athletes may participate in up to two non-school competitions in the same sport during our season (tournaments count as one competition for 7th and 8th graders)
- IF a student athlete was found to have competed in more than two, they would be ineligible for the rest of that season.

NON-DISCRIMINATION POLICY:

The Stevens Point Public School District is committed to a policy of nondiscrimination, which provides that no student may be denied admission or be denied participation in, be denied the benefits of or be discriminated against in any curricular, extracurricular, pupil services, recreational or other program or activity because of the person's sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental emotional or learning disability. This policy of nondiscrimination in educational programs extends to employment. Please direct inquiries to the Director of Human Resources or the Assistant Superintendent of Pupil Service at Bliss Educational Services Center, 1900 Polk Street, Stevens Point WI 54481.

ATHLETIC DIRECTOR CONTACT:

Derek Kirklewski - Ben Franklin 715-345-5526

Dan Fink - P.J. Jacobs 715-345-5422

CONCUSSION INFORMATION:

What is a Concussion? A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can occur during practices or games in any sport or recreational activity.

What are the Signs & Symptoms? Unlike a broken arm, you can't see a concussion. Most concussions occur without loss of consciousness. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how you are feeling, if symptoms are getting worse, or if you just "don't feel right." If you think you or a team mate may have a concussion, it is important to tell someone.

Tell someone if you feel any of the following:

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering or feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Tell someone if a teammate has any of these symptoms:

- Appears dazed or stunned
- Forgets sports plays
- Is confused about assignment or position or moves clumsily
- Answers questions slowly or repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall or loses consciousness (even briefly)
- Shows behavior or personality changes

If you have a suspected concussion, you should NEVER return to sports or recreational activities on the same day the injury occurred. You should not return to activities until you are symptom-free and a health care provider experienced in managing concussion provides written clearance allowing return to activity. This means, until permitted, not returning to activities.

What should you do if you think you have a concussion?

1. Tell your coaches and parents right away. Never ignore a bump or blow to the head even if you feel fine. If you experience symptoms of a concussion, you should immediately remove yourself from practice/play. Tell your coach right away if you think you or one of your teammates might have a concussion.
2. Get evaluated by a healthcare provider. A healthcare provider experienced in evaluating for concussion can determine if you have a concussion, help guide management and a safe return to normal activities, including school (concentration and learning) and physical activity. If you have been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury you may not participate again until evaluated by a health care provider and you receive written clearance to return to activity. You must provide this written clearance to your coach.
3. Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. It is important to rest until you receive written clearance from a health care provider to return to practice and play.

SUDDEN CARDIAC ARREST INFORMATION:

What is Sudden Cardiac Arrest?

Cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain, lungs, and other vital organs.

What warning signs during exercise should athletes/coaches/parents watch out for?

- Fainting/blackouts (especially during exercise)
- Dizziness or Unusual fatigue/weakness
- Chest pain/tightness with exertion
- Shortness of breath Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)

BEN FRANKLIN/P.J. JACOBS CODE, ASSUMPTION OF RISK AND WIAA ELIGIBILITY

Student Athlete (print):_____ **Grade:**_____ **School Year:**_____

Parent-Athlete Agreement to abide by this code

I agree to abide by the Athletic Code and realize that any violation on my part will result in the restrictions set forth in the code. I will also have the integrity to inform my coach and athletic director if I ever violate this code.

Date:_____ Athlete (signature):_____

As a parent(s)/guardian(s) of a student participating in the junior high athletic program, I/we support our child's agreement to abide by all rules as stated in the Athletic Code.

To demonstrate my/our support, I/we pledge to:

- Be aware of our child's academic status, behavior and social habits.
- Not cover up or provide alibis if rules are broken. We will hold our child responsible and accountable for his/her actions and will inform the Athletic Director if he/she violates the Athletic Code. We will communicate our intentions to our son/daughter at the beginning of the season so he/she will be aware of what the consequences will be should a violation occur.

Date:_____ Parent/Guardian signature:_____

Assumption of Risk Statement

I understand that playing sports can cause genuine risks to anyone who engages in them. Because of the dangers of participating in sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, and to agree to obey such instructions.

In consideration of the Stevens Point School District permitting me to try out for the junior high sport team(s) and to engage in all activities related to the sport, I hereby assume all risks associated with participation and agree to hold the Stevens Point School District harmless from any liability which may arise in connection with my participation in sports. I do voluntarily choose to participate in junior high in spite of inherent risks. My signature below indicates that I have read this statement, understand it complete, and agree to be bound by its terms.

Date:_____ Athlete (signature):_____

Parent/Guardian signature:_____

Parent-Athlete WIAA Rules of Eligibility Sign-Off Form

I certify that I have read, understand and agree to abide by all of the information contained in this form. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the school information prior to signing this statement.

Date:_____ Athlete (signature):_____

Parent/Guardian signature:_____

ATHLETE AGREEMENT

As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet.

Athlete Agreement:

I, _____ have read the Concussion and Head Injury Information sheet. I have had the opportunity to read more information on concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must be evaluated by an appropriate health care provider and provide to my coach written clearance to participate in the activity from the health care provider before I may return to practice/play.

I understand that after a head injury my brain needs time to heal and that it may not heal properly if I return to practice/play too soon.

I have read the Sudden Cardiac Arrest Information sheet. I understand that I should stop activity/exercise immediately if I have any warning signs of sudden cardiac arrest and report the symptoms to my coaches and my parents/guardians.

Athlete Signature

Date _____

PARENT AGREEMENT

As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet.

Parent Agreement:

I, _____ have read the DPI's Concussion and Head Injury Information sheet. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until they are evaluated by an appropriate health care provider and provide written clearance from the health care provider to their coach.

I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly.

I have read the Sudden Cardiac Arrest information sheet. I understand that my child should stop activity/exercise immediately if they have any warning signs of sudden cardiac arrest. I understand it is recommended if my child has any warning signs of sudden cardiac arrest while exercising, they have a medical examination before exercising or returning to participation in their sport. I understand that I or my child should report a family history of heart problems or warning signs of sudden cardiac arrest to the healthcare provider doing the medical examination.

I understand how to request at my cost the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity. I understand the athletic director may be able to assist me.

Parent/Guardian Signature

Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION MEDICAL ELIGIBILITY FORM

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION – ATHLETIC PERMIT CARD

(Print or Type)

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

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.

NAME (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth _____

Age _____ Sex assigned at birth (F, M or intersex) _____ Grade _____ School _____ City _____

Present Address _____ Telephone _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical exam findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of health care professional (Print/Type) _____

SIGNATURE OF HEALTH CARE PROFESSIONAL (MD OR DO)/PA/APNP*: _____

Clinic Name _____

Address/Clinic _____ City _____ State _____ Zip Code _____

Telephone _____ Date of Examination _____

* PHYSICIANS may authorize Nurse Practitioners to stamp this card with the physician's signature or the name of the clinic with which the physician is affiliated.

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____ Telephone _____

Subscriber Member Name (Primary Insured) _____

Emergency Information

Allergies _____

Medications _____

Other Information _____

Immunizations ☐ Up to date (see attached documentation) ☐ Not up to date - specify _____

(e.g., tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved interscholastic sports except those restricted on this card.
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 above, 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, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD

Physical Date _____

SCHOOL YEAR 20____ - 20_____

NAME _____ GRADE _____ DATE OF BIRTH _____
Last First Middle Initial

Present Address _____ Telephone _____

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____ Telephone _____

Subscriber Member Name (Primary Insured) _____

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. 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 above, 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, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.
4. It is recommended that information regarding your child's allergies and prescribed medication be made available.

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 card.

SIGNATURE OF PARENT _____ DATE _____

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