

SUN PRAIRIE MIDDLE SCHOOLS CO-CURRICULAR PARTICIPATION & PHYSICAL FORM



PERMISSIONS:

I hereby give my permission for the above-named student to practice, compete, travel with, and represent Sun Prairie Middle School in WIAA-approved interscholastic sports excepting those restricted on this form by a licensed physician, (MD or DO) / APNP*. I also grant permission to publish pictures of the student and release their name for external publication on the Sun Prairie Area School District website, which is accessible to the Internet and local media. (Policy IIBGB)

UNIFORMS/EQUIPMENT:

I understand that I take full responsibility for the safe return of all athletic uniforms and equipment issued to the above named student and agree to reimburse the school for the replacement value of lost/stolen/damaged uniforms and/or equipment. I understand that any failure to reimburse may affect the student's athletic eligibility.

EMERGENCY MEDICAL CARE: All health concerns/protocols/medications need to be provided to the coach/ath. trainer by parents.

I grant permission for the above student, in case of accident or injury during athletic participation, to be given emergency attention/care by the athletic trainer, team physician, or any other physician present and to be conveyed to an emergency medical facility if needed. I understand that all costs associated with such treatment will be the responsibility of the parents/guardians, and that Sun Prairie School Area District will assume no liability for the costs. I also grant permission for any medical records pertaining to the health of the above student are made available as necessary to the proper district personnel.

INFORMED CONSENT:

I understand and accept that there are certain physical risks incumbent upon participation in athletics. I realize the Sun Prairie Area School District is not responsible for, and does not provide insurance of any kind for student-athletes. Knowing this, I hereby give the above named student permission to participate in athletics for this school year. We can provide you with voluntary insurance coverage information available at your expense.

CO-CURRICULAR RULES AND REGULATIONS AGREEMENT

By signing this form, we are attesting to the fact that we have read, understand, and will abide by the Sun Prairie Middle School Co-Curricular Rules and Regulations Handbook, as well as all rules set forth by the WIAA, and that full permission is granted to the above student to participate in Sun Prairie Middle School athletics or clubs. We realize the rules and regulations are in effect year round, on and off the playing court/field.

** _____ **
Parent/Guardian Signature Date Student-Athlete Signature Date

Student Name & Activities / Sport(s)	
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P H Y S I C I A L C A R D	WIAA ATHLETIC PERMIT CARD – [Physician's Use Only] Not accepted without STAMP and DATE	
	All students participating in Interscholastic Athletics must have this card on file at their school <u>prior to practice or participation</u> . The above-named student has been examined and may participate in interscholastic athletic activities except as follows (if none, write "none" or explain restrictions): _____	
	Allergies/Other Medication Information: _____	
	Hospital/Clinic Affiliation: _____ Phone _____	
	Address/City/State: _____	
	Signature of Licensed Physician (MD or DO)/APNP _____	PHYSICIAN: PLEASE ADD CLINIC STAMP Please remember to sign and date.
	Date of Exam: _____	
*Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this form with the physician's signature or the name of the clinic the physician is affiliated with.		