	Fill out <u>ALL</u> information o	n this page and one o	f the main boxe	es on page 2. 1 of 2
NAME				
Last	Firs	st M.I.	Date	Grade in School
		PERMIT AND LIA		ER
1. I hanahu aina mu nama		ortion is to be filled of		
on this form.	ission for my student to practice and co	Simplete and represent the s	chool in wiaa app	roved interscholastic sports except those restricted
as "HIPAA"), I author professionals that n treatment of this st	orize health care providers of the stude nay be attending an interscholastic even udent to appropriate school district pen nistrative Assistant to the Athletic direct	nt named on this form, incl nt or practice, to disclose/e rsonnel such as but not limi	uding emergency r xchange essential ted to : Principal, A	gulations promulgated thereunder (collectively known nedical personnel and other similarly trained nedical information regarding the injury and thletic Director, Athletic Trainer, Team Physician, iders, for purposes of treatment, emergency care and
 I also attest to the fact school year. 	that the student named on this form h	as had no injury or illness s	erious enough to w	varrant a medical evaluation prior to participating this
I, the undersigned, have a participating, whether it				njuries sustained by my son/daughter while ort in the Appleton Area School District Athletic
Employees and Voluntee		ny son/daughter with parti		ool District, its Board Members, Officers, Agents, be in a practice session or in actual competition, in a
Parent/Legal Guard	ian Signature			Date
Printed Parent/ Leg	al Guardian Name			
		chool DistrictAtl		f Conduct
	ne rules and regulations of the A school in enforcing the code for			Code of Conduct. I furthermore agree to
Athlete Signature	e		Date	
Parent Signature	. <u></u>	Printe	ed Parent Na	me
Sports				
Activities				
Wiscon	sin Interscholastic Athleti	c Association High	n School Ath	etic Eligibility Information
	Pare	ent-Athlete Rule o	f Eligibility	
further certify that if	ead, understand, and agree to a		rmation contain	ned in the WIAA Athletic Eligibility bulletin. I I have sought and received an explanation
Student/Athlete's Si	gnature		Date	
	ignature			
	A separate concussion acknowle	edgement form must be	e filled out and o	n file prior to the start of practice.

					2 of 2
	Fill out na		rnate Year/ New Physical Page and either the Alternate Year or	• Athletic Permi	t box
NAME				//dilictic i ci ili	
La:	st	First	Middle Initial		Date of Birth
Age	Sex Grade	School	Phone		
Present	Address		c	ity	Zip
	***** <u>One</u> of the	e two boxes must be co	ompleted and on file prior to th	e first practice	* * * * *
only for the re	mainder of that school ye	ear and during the following	t two years with this alternate waiv ng year with this alternate waiver. d to be prepared to supply the orig	The school must	
	ATI		ATE YEAR ATHLETIC PERMIT	E SIGNED.	
SCHOOL YEAR	20 20				
NAME			GRADE	DATE C	F BIRTH
Last Present Add	Iress	First	Middle Initial		
participato e			ears which meets WIAA requ		
SIGNATUR ALL STUDENTS		CHOLASTIC ATHLETICS MU	DA		
SIGNATUR ALL STUDENTS	E OF PARENT	SCHOLASTIC ATHLETICS MU	ST HAVE THIS ALTERNATE YEAR CAP		
SIGNATUR ALL STUDENTS SCHOOL PRIOR	E OF PARENT PARTICIPATING IN INTERS TO PRACTICE OR PARTIC	WIAA ATHL HLETIC PERMIT AND LIABILI	ST HAVE THIS ALTERNATE YEAR CAF OR ETIC <u>PHYSICAL</u> PERMIT TY WAIVER FROM PAGE ONE MUST B	E SIGNED.	PHYSICAL ON FILE AT THEIR
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