WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT AND CONCUSSION FORMS SCHOOL YEAR _____

NAME		GRADE	DATE OF BIRTH	
Last	First	M. I.		
Parent's Name		Teleph	one	
Place of Employment	of Employment Work Telephone		Telephone	
Family Physician		Family Dentist		
Legal Waiver and Release				
interscholastic sports except to 2. I attest to the fact that the participating this school year. 3. I grant permission for any the proper school district persupers. 4. It is recommended that info. We authorize consent in the perform necessary evaluative or any health of perform necessary evaluative. 6. We further authorize the necessary action in the case Emergency Management Facurselves. 7. We understand that particity which could result in catastrophold the responsibility to perfo. 8. Participants/Parents/Guard concussion protocols.	hose restricted on this form. e above named student has had medical records pertaining to to onnel and appropriate health ca permation regarding your child's a petween the athlete, parents, care provider to; discuss any p procedures and secure treatme e Southwestern School District e of an emergency. We further cility and the EMF to treat the pation in co-curricular activities ophic outcomes, including, but in orm only approved safe technique	no injury or illness serious er the health of the above name re providers, including emergallergies and prescribed medic Southwestern School District pertinent information in regard that of injuries or medical conditions authorize transportation by the condition in the event that provided by the Southwestern to limited to; concussion, period in practices and games.		
website. Having been cauticonsequences. Furthermore, respective employees and agmay occur during participation understand that the Southweactivities, and that the responshe District. We understand the PARENT/GUARDIAN: If ther partial re-evaluation, contactivities.	oned and warned, we sign the we release the Southwestern Security, and Southwest Health Cornin any practice and/or every extern School District does not assibility for medical coverage for this release will apply to myster is any question that this sturt your medical advisor before	is document voluntarily, intersection of District, the members Senter Representatives from the which is in any way relar provide health insurance on any injury or illness sustained and personal representation of the signing this form.	These rules are posted on the SWSD lligently and with full knowledge of its legal of the Southwestern School Board, and their any liability and/or claims of negligence that ted to the co-curricular activity. We further behalf of participants in such co-curricular das a result of participation does not lie with ves, heirs, and assigns. The athletic competition without at least a mice coverage through a private insurance	
Date	Signature of Parent/	Guardian		
Date:	Signature of Athlete	of Athlete/Participant		

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE A PHYSICAL EXAM FORM AND, IF APPLICABLE, THIS ALTERNATE YEAR FORM (ALTERNATE YEAR IS THE SECOND YEAR OF A PHYSICAL TAKEN AFTER APRIL 1ST) ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION.