

Policies and Activity Code

Mission/Philosophy

The Tri-County Athletics is pleased to have you participate in its program. The program is designed to help students become successful individuals and better citizens of our community, state, and nation. Additionally, this program allows each participant to make a personal commitment to healthy involvement in activities which expand and enrich their academic program. The intent of this policy is to provide you and your parents or guardian with a reference to your responsibilities and expectations for your participation in this program. No code can be all inclusive. Whenever conduct or behavior is determined inappropriate, a consequence will be imposed.

Tri-County Athletics is a Christian Sports Club which will include Christian values, prayer and occasionally, brief devotions based on the Bible. This program is unique from others because we are also looking to develop character, mentorship and leadership skills. Mark 10: 43-45 "...but whoever wants to become great among you shall be your servant. Whoever of you wants to become first among you, shall be bondservant of all. For the Son of Man also came not to be served, but to serve, and to give his life as a ransom for many."

There is an expectation that coaches bring a high level of dedication and commitment to the athletes and the program they supervise. Additionally, the student participant is expected to accept the dedication and hard work that compliments a successful program.

In a general sense, students who participate in this program are expected to conduct themselves, at all times and in all places, in a positive manner that will bring credit to themselves, their family, and the community.

Tri-County Athletics is a non-profit ministry and is therefore run by and supported by volunteers. Families of players are expected to contribute 3 sessions of volunteer blocks during the season. Volunteer blocks may include admissions, concessions, running the scoreboard, keeping the statistics book, and cleaning after an event.

Broad Goals

1. Serve the varied needs, interests, and abilities of students.
2. Provide positive outlets for student energies and provide a place to succeed.
3. Allow students to acquire new skills and enhance existing ones.
4. Enhance peer and adult interaction and cooperation.
5. Provide activities which bring students together for mutual expressions of interest.
6. Help students develop responsibility, leadership and skills of competition.
7. Provide opportunities for the expression of gifted and talented abilities.
8. Encourage lifetime interests.

Statement of Participation

Participation in this program is a privilege, not a right. The coach shall determine which athletes will play, who will start, and how long an athlete will play in any given contest.

Sportsmanship

Player's Role:

- Play the game for fun
- Be gracious when you win and graceful when you lose
- Respect and abide by the rules of the game
- Put the team ahead of yourself in every situation
- Accept decisions made by those in authority
- Demonstrate respect to your opponents, coaches, and teammates

- Be accountable for your own actions
- Develop a teachable spirit that allows you to take correction as a compliment
- Accept and embrace the discipline involved in athletics, because it benefits the team
- Develop the feeling of pride, based upon “shared joy” of the team, and do not have pride that emanates from arrogance or a sense of entitlement
- Support the rules of the, coaches, and parents
- Be an athlete of character through demonstrating (commitment, discipline, selflessness, communication, coachability, confidence, accountability, mental toughness, enthusiasm, encourager and leadership)

Parent’s Role:

- Attend as many games as possible
- Do everything possible to make the athletic experience positive for your child and others
- View the game with team goals in mind
- Attempt to relieve competitive pressure, not increase it
- Look upon opponents as friends involved in the same experience
- Accept the judgment of the officials and coaches; remain in control
- Accept the results of each game; do not make excuses
- Demonstrate winning and losing with dignity
- Dignify mistakes made by athletes who are giving their best effort and concentration
- Be an encourager – encourage athletes to keep their perspective in both victory and defeat
- Be a good listener
- In conversation about the game, comment on the positive parts and refrain from representing the activity with only negative observations
- Accept the goals, roles and achievements of your child
- Understand that my actions reflect on the players, the team, the family, and my community
- Responsible to communicate any questions/concerns to the coach (the coach may bring the questions/concerns to the board if needed)

Fundraisers/Donations

Students and parents will be asked to be a part of team fundraising. Any money collected from fundraisers or donations (business or private) under the name of this program must be turned in to the treasurer so it can be added to the program funds. Fundraisers/Donations are for the benefit of the team.

ELIGIBILITY

Academic Eligibility

We believe that academic success is more important than athletics. We will not be checking player's grades but will depend upon the parents and players for input. If a player is struggling, your coach will work with you to insure that you get sufficient time to work on classes and homework. If you miss significant practice time to focus on academics it could affect the amount of play time in games, but most importantly, we want our players to succeed on and off the court.

Medical Consent

Athletes will not be permitted to practice or be issued equipment until their medical consent card is signed and returned to the coach prior to or at the first practice. Athletes are required to have a physical examination every two years.

If a student has had a physical one year, the following year they will need to have a parent permission card (alternate year card).

Fees

All fees must be paid in full prior to participation in the first practice.

Volleyball:

Girls JV: \$150

Girls Varsity: \$200

Basketball:

Girls JV \$200

Girls Varsity: \$250

Boys JH: \$200

Boys JV: \$250

Boys Varsity: \$300

Practice Times

Practices are held at the GYM on Monday, Tuesday, Thursday, and Friday.

Girls Volleyball JV 3:00-5:30

Girls Volleyball V 5:30-7:00

Boys Basketball V 3:30-5:30 (Court time 3:30-5:00)

Boys Basketball JV 4:30-6:30 (Court time 5-6:30)

Girls Basketball JV/V 6:00-8:00 (Court time 6:30-8:00)

Attendance

Players should make every effort to attend practices. Attendance will be considered when coaches evaluate players for game time. Students are required to contact the coaches if they cannot make the practices. If there are any unexcused absences from practice, they will be ineligible to play in the next game.

VIOLATIONS

The participant must not violate any of the Wisconsin Criminal Statutes, including but not limited to, the following chapters:

- Alcohol, Tobacco, Controlled Substances
- General Crime
- Crimes against life and body
- Sexual Immorality
- Gambling
- Crimes Against Government
- Disorderly Conduct

- Crimes against animals
- Hazing
- Traffic Statutes (Operating under influence – Open intoxicants, Minor transport)

Presence in bars or attendance at parties where these prohibited substances are available is prohibited. This rule is not meant to include presence in an establishment that is primarily an eating place, or to prevent being employed at such places. It also is not meant to include presence in places like a golf course club house where alcoholic beverages are served when a participant would have a legitimate reason to be there. Attendance at family gatherings sponsored by parents/guardian where use of alcohol is occurring will not be considered a violation. (This does not allow the holding of or use of these products.) These exceptions would include such logical events as family weddings, graduation parties, and other similar occasions.

It is the responsibility of each participant to avoid attending or participating in any gathering that includes these activities. Failure to leave will be viewed as “Guilt by Association” and will result in the suspension of one contest. Guilt by association will not be considered a first violation.

Activity Season/Suspensions

In determining violation consequences, a season is the number of contests scheduled. Then the number of contests played by the team will be used to determine the length of the penalty. A contest is competition in which an official score is recorded, and the end result is a win, loss, tie, or rating.

The student under suspension must practice and complete the season in good standing if he/she chooses to participate in that activity after his/her suspension is fulfilled. Once a season has started, a participant cannot join a team in order to fulfill a suspension.

Enforcement of Activity Rules

1. Enforcement of the Activity Code will be based on the following:
 - a. All violations must be reported to the board or the coach. The source of the report must be verifiable.
 - b. Students may self-admit to a violation.
 - c. The board or coach will be responsible for notifying parents/guardian by letter and personal contact for any violation.
2. The suspension shall begin the day the decision is rendered, and parents/guardian is notified. If the student is not actively involved in any sport or activity at the time of violation, the penalty will take effect beginning with the next sport or activity in which the student participates. Any student serving a penalty during a sport or activity season must remain active in the sport or activity in order for the penalty to be valid. The violator must attend practice during the suspension period.
3. Disciplinary measures which may involve suspensions for a violation unbecoming of a participant and not specifically covered by the Student Activity Code, will be determined by the Board.
4. It shall be the coach’s prerogative to suspend/discipline any student from a squad whom they consider to be a demoralizing influence or a detriment to the objective of that activity.

Consequences:

A. First Violation

- Suspension for 25% of the regular season
- Student must practice

B. Second Violation

- Suspension for 50% of the regular season
- Student must practice

C. Third Violation and Subsequent Violations

- Removal from the team

D. Guilt by Association

- One game suspension.

Equipment, Practice, and Participation

Participants will have signed and returned the appropriate paperwork and paid all fees prior to the first practice or receiving equipment. Depending on the activity, forms may include the 'Activity Code Participant Acknowledgement slip', 'WIAA Physical examination card' (for athletes), 'insurance waiver', 'medical consent card', and other forms the coach may request. These forms should be signed and returned to the coach or board.

Coaches have individual expectations regarding a participant's behavior, commitment to rules, game/activity conduct, transportation conduct, equipment care, language, dress, training, etc.

Each coach will make aware to the participants their expectations of students and their methods.

Uniforms will be issued to each player. There is no additional fee for a uniform. Uniforms are to be returned at the end of the season. If not the player will be charged for the replacement.

Transportation

You are responsible for your own transportation to and from practice and games. Carpooling is encouraged.

Governance

In addition to the rules and consequences set forth in this Student Activity Code, the student will also be governed by: the board of the Tri-County Athletics, civil and criminal laws of the community, county and state. Violations of the Activity Code do accumulate throughout the student's high school career.

PLAYER/PARENT CONDUCT ADDENDUM

We love an exciting, physical game but in recent years we have become concerned with our players' reactions to the officials. For this reason, we are posting the rules on player technical along with the TCA rules for the same.

(From THE 2017-2018 NFHS Rules, pp. 62-62.) SECTION 4 PLAYER TECHNICAL

ART. 6...Commit an unsporting foul. This includes, but it not limited to, acts or conduct such as:

- a) Disrespectfully addressing or contacting an official or gesturing in such a manner as to indicate resentment.*
- b) Using profane or inappropriate language or obscene gestures.*
- c) Baiting or taunting an opponent.*

Furthermore, Rule 3, Article 2 states: The captain is the representative of his/her team and may address an official on matters of interpretation or to obtain essential information, if it is done in a courteous manner. Any player may address an official to request a timeout or permission to leave the court.

TCA Rule

First technical foul—Warning and meeting with coach unless it is the result of a player's aggressive interaction with a referee or results from a "fight" or scuffle with another player, then it will result in a half-game suspension. Combat with officials or opposing players will not be tolerated, even in the context of self-defense.

Second technical foul—half game suspension.

Third technical foul—Two game suspension and meeting with the Board with possible removal from program. Removal will only be exercised in the most extreme cases. Our officials understand

this rule and will be working with our teams and players to help us learn to show respect for officials and opposing players. This rule is intended to be constructive and not punitive.

Parent/Spectator Code of Conduct

In order to support our players' desire for competitive and respectful play at all times, as parents and spectators, I will...

- Support this player conduct addendum and all decisions made by coaches and the TCA board in light of these rules.
- Address all grievances in regard to a decision directly to the coach and if necessary, to the Athletic Director.
- Refrain from making comments or gestures in response to calls made by officials.
- Do my best at all times to help create a positive environment for my child and for all students and spectators.

PARENT-STUDENT PARTICIPATION CODE AGREEMENT

I have read the Tri-County Athletics Activity Code. I understand that violation of any of the regulations will result in action as prescribed.

Further, we understand that participation this program is a privilege and that all such participation is voluntary.

I am aware that playing or practicing to play/participate in any extra-curricular activity can be dangerous, involving many risks/injuries. I understand that some risk is assumed by the participant as a matter of participating. I further understand that some of these activities involve even greater risk of injury than others and that such injuries can be permanently disabling, crippling, or fatal.

Because of the dangers of participating in such activities, I recognize the importance of following the coach's instructions regarding playing techniques, training, and other rules, etc., and agree to obey such instruction.

Participation in sports increases the possibility of coming in contact with the blood and body fluids of other people. At the present time, Hepatitis B and HIV are of the most concern for disease transmission. Student athletes should avoid assisting in any body fluid spills clean-up. If blood is splashed in the eyes, nose, mouth or any open wounds, flush the area with water immediately and talk to your coach about the occurrence. If you have concerns, we suggest you consult with your physician about the Hepatitis B Vaccine.

I agree to abide by all rules and regulations set down by my individual coach. I agree to assume full responsibility for all equipment issued to me, and to confine the use of that equipment to practice, games or meets. I will further agree to pay for any and all equipment which I may lose, misplace, or damage through carelessness or intent.

Student's Name (print)

Date of Birth

Student Signature

Student's Grade

As parent or guardian of the above participant, I acknowledge that I have reviewed the Student Activity Code and understand the rules and regulations set forth. I give my son/daughter permission to participate in activities under the described conditions.

Parent's Signature (legal guardian)

Date

TRI-COUNTY ATHLETICS REGISTRATION/LIABILITY RELEASE FORM

Participant Information:

Name _____ D/O/B _____ Age: _____ Grade: _____
Address _____ Phone _____
City, State, Zip _____ Email _____
Participant's Doctor _____ Phone _____

Parent Information:

Parent Names _____
Address _____ City, State, Zip _____
Home Phone _____ Work/Cell Phone _____
Email address(es) _____

Emergency Contact Information:

Name _____ Relationship _____
Address _____ City, State, Zip _____
Home Phone _____ Alternate Phone _____

Liability release:

I understand that participation in the above Activity or Event may be hazardous for the above-named participant. In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in the above-named event or activity. I hereby release (business or organization name) _____ and its officers, coaches, or agents from any liability, costs and damages resulting from this individual's participation.

If the participant is a minor:

I agree that the minor has my consent to participate in the event or activity. I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

Name of Parent or Guardian

Signature of Parent/Guardian

Date

Concussion Information - When in Doubt, Sit Them Out!

1. Before a student may participate in practice or competition: At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.
2. An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.
3. A person who has been removed from a youth athletic activity may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

<p>These are some SIGNS concussion (what others can see in an injured athlete):</p> <ul style="list-style-type: none"> Dazed or stunned appearance Change in the level of consciousness or awareness Confused about assignment Forgets plays Unsure of score, game, opponent Clumsy Answers more slowly than usual Shows behavior changes Loss of consciousness Asks repetitive questions or memory concerns 	<p>These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):</p> <ul style="list-style-type: none"> Headache Nausea Dizzy or unsteady Sensitive to light or noise Feeling mentally foggy Problems with concentration and memory Confused Slow
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Injured athletes can exhibit many or just a few of the signs and/or symptoms of concussion. However, if a player exhibits any signs or symptoms of concussion, the responsibility is simple: remove them from participation. “When in doubt sit them out.”

It is important to notify a parent or guardian when an athlete is thought to have a concussion. Any athlete with a concussion must be seen by an appropriate health care provider before returning to practice (including weight lifting) or competition.

RETURN TO PLAY

Current recommendations are for a stepwise return to play program. In order to resume activity, the athlete must be symptom free and off any pain control or headache medications. The athlete should be carrying a full academic load without any significant accommodations. Finally, the athlete must have clearance from an appropriate health care provider.

The program described below is a guideline for returning concussed athletes when they are symptom free. Athletes with multiple concussions and athletes with prolonged symptoms often require a very different return to activity program and should be managed by a physician that has experience in treating concussion.

The following program allows for one step per 24 hours. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify their healthcare provider before progressing to the next level.

STEP ONE: About 15 minutes of light exercise: stationary biking or jogging

STEP TWO: More strenuous running and sprinting in the gym or field without equipment

STEP THREE: Begin non-contact drills in full uniform. May also resume weight lifting

STEP FOUR: Full practice with contact

STEP FIVE: Full game clearance

118.293 Concussion and head injury.

(1) In this section:

(a) "Credential" means a license or certificate of certification issued by this state.

(b) "Health care provider" means a person to whom all of the following apply:

1. He or she holds a credential that authorizes the person to provide health care.
2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.
3. He or she is practicing within the scope of his or her credential.

(c) "Youth athletic activity" means an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity. "Youth athletic activity" does not include a college or university activity or an activity that is incidental to a nonathletic program.

(2) In consultation with the Wisconsin Interscholastic Athletic Association, the department shall develop guidelines and other information for the purpose of educating athletic coaches and pupil athletes and their parents or guardians about the nature and risk of concussion and head injury in youth athletic activities.

(3) At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

(4) (a) An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.

(b) A person who has been removed from a youth athletic activity under par. (a) may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

(5) (a) Any athletic coach, official involved in an athletic activity, or volunteer who fails to remove a person from a youth athletic activity under sub. (4) (a) is immune from civil liability for any injury resulting from that omission unless it constitutes gross negligence or willful or wanton misconduct.

(b) Any volunteer who authorizes a person to participate in a youth athletic activity under sub. (4) (b) is immune from civil liability for any injury resulting from that act unless the act constitutes gross negligence or willful or wanton misconduct.

(6) This section does not create any liability for, or a cause of action against, any person.

Reference Information Sheets:

Coaches: <http://www.wiaawi.org/Portals/0/PDF/Health/ConcussionCoaches.pdf>

Parents: <http://www.wiaawi.org/Portals/0/PDF/Health/ConcussionParents.pdf>

Parents: <http://www.wiaawi.org/Portals/0/PDF/NFHSParentGuide.pdf>

Athletes: <http://www.wiaawi.org/Portals/0/PDF/Health/ConcussionAthletes.pdf>

Order CDC materials: <http://wwwn.cdc.gov/pubs/ncipc.aspx#tbi4>

Tri-County Athletics Concussion Acknowledgement

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the “Participant and Parental Disclosure and Consent Document”.

I, _____, of Tri-County Athletics
Student/Athlete Name

hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

signature and printed name of student/athlete

Date

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. . I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

signature and printed name of parent/guardian

Date

ATHLETIC PERMIT

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 _____ Grade _____ School _____ City _____

Present Address _____ Phone _____

Cleared without restriction

Cleared, with recommendation for further evaluation or treatment for: _____

Not cleared for All sports Certain sports: _____

Reason:

Recommendations:

SIGNATURE OF LICENSED PHYSICIAN (MD or DO*) _____

OR APNP: _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Date of Examination _____

ALL STUDENTS PARTICIPATING DRIFTLESS UNITED ATHLETIC FOOTBALL LEAGUE MUST HAVE THIS FORM ON FILE AT WITH THEIR COACH PRIOR TO PRACTICE OR PARTICIPATION.

**Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this form with the physician's signature or the name of the clinic with which the physician is affiliated.*

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

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.
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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

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