

# Tri-County Area Schools Athletic Participation Form

(All student-athletes must have this form on file at the school prior to the first practice.)

Student Name: \_\_\_\_\_

Grade in School: \_\_\_\_\_

Sport(s)/Activities: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Health Insurance Carrier & Physician: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## PERMISSION TO PARTICIPATE

- I hereby give my permission for the above named student to practice, compete, and represent Tri-County Area Schools in regulated interscholastic sports, except any restriction as noted on the current physical exam card completed by a licensed physician or nurse practitioner.

## RESPONSIBILITY TO RETURN ALL SCHOOL-ISSUED UNIFORMS/EQUIPMENT

- I agree to be financially responsible 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 the failure to return school-issued equipment will result in a criminal referral for stolen property if not returned by the first contest of the following athletic season.

## PERMISSION FOR EMERGENCY MEDICAL CARE AND CONVEYENCE

- I grant permission for the above student, in case of 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 Tri-County Area Schools will assume no liability for the costs.

## INFORMED CONSENT

- I understand that injuries could occur as a result of athletic participation, and that these injuries could include minor injuries such as bruises and abrasions, muscle strains, sprains, or broken limbs. I understand that it is also possible that a catastrophic injury could result in paralysis or death due to athletic participation.

## INSURANCE WAIVER

- I certify that I have adequate insurance coverage on the above-named student to cover medical expenses in the event of an athletic related accident or injury, and that in the event that my insurance does not cover the full cost of medical bills that Tri-County will provide supplementary insurance to cover 50% of the remaining balance up to \$25,000.

## PARENT-ATHLETE HANDBOOK AND WIAA ELIGIBILITY BULLETIN

- By signing this form, we are attesting to the fact that we have read and understood to abide by the rules and regulations set forth in the Co-Curricular Code and the WIAA Eligibility Bulletin, and that full permission is granted to the above student to participate in Tri-County athletics.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

## [ ] Check this box if this is an Alternate Year Card

(If Alt. Yr. Card, form is complete after checking box. No need for Doctor's signature for Alt. Yr.)

◇ ◇ ◇ ◇(Physician's Use Only)◇ ◇ ◇ ◇  
**WIAA ATHLETIC PHYSICAL EXAMINATION ATHLETIC PERMIT CARD**

\*The above named student has been examined and may participate in interscholastic athletics except as follows (if none, write "none" or explain restrictions):

\_\_\_\_\_  
Date of Exam:

-If approved for only one year of competition, please indicate: \_\_\_\_\_

- Allergies/Other Medication Information: \_\_\_\_\_

Signature of licensed physician or nurse practitioner: \_\_\_\_\_

Address/Phone: \_\_\_\_\_ City/State: \_\_\_\_\_