

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION  
ALTERNATE YEAR ATHLETIC PERMIT CARD  
SCHOOL YEAR 20\_\_\_\_- 20\_\_\_\_

NAME \_\_\_\_\_ GRAD YR \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parents' Place of Employment \_\_\_\_\_

Family Physician \_\_\_\_\_

Name of Private Insurance Carrier \_\_\_\_\_

Policy Numbers and Address \_\_\_\_\_

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. I further grant permission for any medical records pertaining to the health of the above named student be made available as necessary to the proper school district personnel and appropriate health care providers, including emergency medical personnel.
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  
(see over for District Waiver card)

### Racine Unified Athletic Code-Rules-Policies-Procedures

Pertinent health issues that you wish to voluntarily share with your child's coach should be written on the yellow athletic emergency card. You must notify the school in writing if there is a change or cancellation of medication, and you further agree to comply with the RUSD policy regarding medication administration. School district employees who obtain information from a student's health-care record must keep the information confidential and may not disclose identifying information about any child whose patient health-care records are released.

WIAA Green cards cannot be forwarded to other schools unless the Authorization for Exchange of Health or Education Information (HIPAA Compliant) form has been completed.

We have received, read, and understand the Racine Unified School District and WIAA's eligibility, rules, transfer, concussion, medication information, and Parent/Student Athletic Handbook & Code of Conduct. We understand that all athletes are expected to abide by these rules, policies, and procedures, and those individual team policies presented by the coaches and will be subject to penalty if found in violation.

Athletes are responsible for proper care of uniforms and equipment and parents will be held financially responsible for damaged or missing uniforms and equipment. Students may not participate further until this responsibility is met.

User Fees will not be refunded for any reason other than being cut from the sport. Refunds must be requested from the Activities Office.

### Insurance Waiver

To Parents: One of the requirements for participation in interscholastic athletics is that every athlete be insured against injury. For this purpose the school district makes available standard insurance through the Student Assurance Services. A boy or girl who is already adequately insured by his/her family may be allowed to participate only if one of the parents waives the required insurance offered through the school. Your signature on this form constitutes such a waiver and signifies your son or daughter does have accident insurance coverage for the dates of participation. It is further understood that the school district does not assume any liability for health and accident expenses and such responsibility will be that of the parent or guardian.

**We have read and understand all of the above.**

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Company