

**MIDDLETON HIGH SCHOOL ATHLETIC PARTICIPATION FORM**  
(All participants 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 and Physician: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**PERMISSION TO PARTICIPATE**

-I hereby give my permission for the above named student to practice, compete, and represent Middleton High School in regulated interscholastic sports except any restrictions as noted on the current, effective 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/equipment. I understand that any failure to reimburse may affect the student's athletic eligibility.

**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 Middleton High School 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 I have the option of enrolling in school sponsored accident insurance plan. I understand that I have the right to waive enrollment in the school-sponsored plan if I believe my insurance carrier adequately covers the above-named student.

**PARENT-ATHLETE HANDBOOK AND W.I.A.A. 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 Parent-Athlete Handbook and in the W.I.A.A. Eligibility Bulletin, and that full permission is granted to the above student to participate in Middleton High School 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: \_\_\_\_\_