

Athletic Alternate Year/ New Physical Page
Fill out name, age, address, etc., and **either** the Alternate Year **or** Athletic Permit box.

NAME _____
Last First Middle Initial Date of Birth

Age _____ Sex _____ Grade _____ School _____ Phone _____

Present Address _____ City _____ Zip _____

*******One of the two boxes must be completed and on file prior to the first practice*******

Please note that a physical taken after April 1 is good for the next two years with this alternate waiver. Physicals taken before April 1 are good only for the remainder of that school year and during the following year with this alternate waiver. The school must still have a copy of the original physical on file, so new athletes or transfer students need to be prepared to supply the original physical.

WIAA ALTERNATE YEAR ATHLETIC PERMIT
ATHLETIC PERMIT AND LIABILITY WAIVER FROM PAGE ONE MUST BE SIGNED.

SCHOOL YEAR 20_____ - 20_____

NAME _____ GRADE _____ DATE OF BIRTH _____
Last First Middle Initial
 Present Address _____ Telephone _____

PARENT: If there is any question that this student may not be healthy enough for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing. Always defer to the recommendations of your primary care physician when deciding whether or not to have a new physical. A new physical is required at least every two years by the WIAA in order to compete. Signing below indicates that my child is in good physical health and able to fully participate and has had a physical within in past two years which meets WIAA requirements.

Date of original physical _____

SIGNATURE OF PARENT _____ DATE _____

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR CARD OR A CURRENT PHYSICAL ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION

--OR--

WIAA ATHLETIC PHYSICAL PERMIT
ATHLETIC PERMIT AND LIABILITY WAIVER FROM PAGE ONE MUST BE SIGNED.

SCHOOL YEAR 20_____ - 20_____

Physical examinations on 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. If taking a new physical, be sure to fill out a Physical History Form prior to your doctor's visit and have your doctor complete the following after your examination.

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) & (APNP or PA): _____

Address _____ City _____

State _____ Zip Code _____ Office Phone _____ Exam Date: _____

*****All students participating in Interscholastic Athletics must have this form on file at their school PRIOR TO PRACTICE OR PARTICIPATION.**