

**St. Francis High School Athletic Department
Athletic Participation PHYSICAL FORM**

Year of Graduation: _____

Sport: _____

Athlete Name: _____ Age: _____ Date of Birth: _____

Address: _____ Phone: _____

Parent Name: _____ Alternate Phone: _____

Health Insurance Carrier: _____ ID#: _____

Physician: *Your signature and date of exam is required.*

Patient Name: _____ Height: _____ Weight: _____

The above-named student has been examined and there are no apparent contraindications to participating in interscholastic athletic activities, except as listed below:

Sports or school activities in which the student *cannot* participate are: (if none, write NONE)

If the student is restricted or disqualified, please indicate reason(s):

Other medical conditions: (e.g. allergies, etc.): _____

Physician's Signature: _____ Date: _____

Address: _____ Phone: _____

Please affix a Physician Office Stamp

Parents/Guardians: *Please read carefully and sign.*

The St. Francis Board of Education requires parents or guardians to assume the responsibility of providing accident/health insurance to cover your son/daughter while participating in athletics. It is understood that no claims for any injuries incurred as a result of interscholastic athletics will be made against the school, superintendent, principal, athletic director, coach or against the WIAA. I hereby give permission for the above-named student to practice and compete and represent St. Francis High School in WIAA approved interscholastic sports except those restricted above. I have read and understand the St. Francis High School Athletic Code and agree to abide by it or submit to the penalties described within the Athletic Code. *I also certify that I have read, understand, and agree to abide by all of the information contained in the WIAA High School Athletic Eligibility Information Bulletin. I further certify that if I have not understood any information in the bulletin, I have sought and received an explanation of the information prior to signing this statement. Finally, I agree to be financially responsible for the return of all athletic equipment and uniforms issued to my son or daughter.* I realize that there is a risk of being injured that is inherent in all sports. I realize that the risks of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death. Having been so warned, I hereby give consent for my son/daughter to participate in sports and athletic activities with full knowledge and understanding of the risk of serious injury that may result. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996, 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 the purpose of treatment, emergency care and injury record-keeping. I authorize the staff of the St. Francis High School Athletic Department (coaches, athletic trainers, and/or team physician) to provide and secure any medical assistance on behalf of my son/daughter. I further authorize these individuals to discuss my son/daughter's medical condition with other health care personnel, which the Athletic Department deems appropriate.

Parent/Guardian Signature: _____ Date: _____

Student: *Please read carefully and sign.*

As a student athlete, I agree to abide by the eligibility rules and regulations of the WIAA and the St. Francis Board of Education. I have read the Athletic code and agree to abide by the code or submit to the penalties described within the Athletic Code of Conduct. I acknowledge that failure to abide by these rules may affect my privilege of participating in interscholastic athletics. I acknowledge my obligation as a student at St. Francis High School and realize I am responsible for my actions as a student athlete. I subscribe to Character Counts and understand that violations of school rules may cause me to miss practices or games. *I also certify that I have read, understand, and agree to abide by all of the information contained in the WIAA High School Athletic Eligibility Information Bulletin. I further certify that if I have not understood any information in the bulletin, I have sought and received an explanation of the information prior to signing this statement.* I realize that there is a risk of being injured that is inherent in all sports. I realize that the risks of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death. Having been so warned, I choose to participate in sports and athletic activities with full knowledge and understanding of the risk of serious injury that may result.

Student Signature: _____ Date: _____