

MMSD Athletic Permissions Form - https://webapp1.madison.k12.wi.us/webapp1/athletic_forms/

Both parent and student need to complete the Athletic Permissions form using their Infinite Campus Portal login.

For Parents:

Once you have completed your permissions form, sign out.

For Students:

MMSD Athletic Permissions

MADISON METROPOLITAN SCHOOL DISTRICT

Signed in as: b725164 :: [Sign Out](#) [You are at the Main Page](#)

Please choose:

Choose sport:

[Continue](#)

Select your sport and click continue.

MMSD Athletic Permissions

MADISON METROPOLITAN SCHOOL DISTRICT

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Student: John Doe #100 Grade 11
School: 143 14-15 West High
Sports: Boy's Cross Country - Fall

Physical Education Replacement Credit (PERC)

I have enrolled in or will enroll in a course to replace a .5 Physical Education credit requirement. I have read and understand the following information:

a Student who participates in a WIAA sanctioned athletic activity during 11th grade, or during the fall sports season, may, upon application and approval, be permitted to complete an additional one-half credit (.5) in English, social studies, or science in lieu of one half credit (.5) of physical education.

I would like to use this sport for Physical Education Replacement Credit

Yes No

If yes, please enter the course you are taking beyond graduation requirements to satisfy board policy:

I desire to compete in interscholastic athletics and will adhere to the policies of the Athletic Code. I have read and understand the following information:

Yes No

I have read the [Athlete Concussion and Head Injury Information](#) and understand what a concussion is and how it may be caused.

Yes No

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

Yes No

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

Yes No

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Yes No

Have you ever had a concussion?

Yes No

If yes how many?

Have you ever experienced concussion symptoms?

Yes No

If yes did you report them?

Yes No

[I attest that all information that I have provided is true](#)

Click here to continue.

Answer **all** questions. Questions answered incorrectly will receive the following "pop-up" notice:

Your answer indicates further information is required - you will need to visit your athletic director before you will be eligible for athletics.

OK

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Thank You

Your information has been saved.

If you would like to fill out the form for another sport, please [click here](#).

[Sign Out](#)

Click here to fill out the form again for another sport.

Once you have completed your permissions form, sign out.