

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.

MMSD Athletic Permissions

MADISON METROPOLITAN SCHOOL DISTRICT

Sign In

Infinite Campus User Name:
Infinite Campus Password:
Password is case sensitive

Did you forget your Infinite Campus password?
[Fill out the lost password form.](#)

Parent's can click here to receive their username and password. Student's will need to contact their school for assistance.

For Parents:

MMSD Athletic Permissions

MADISON METROPOLITAN SCHOOL DISTRICT

Signed in as: KL190694 :: [Sign Out](#) [You are at the Main Page](#)

Please choose:

Choose student:
Choose sport:

Select your student and 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

Please list any non-MMSD high schools your student has attended (if student is in grade 10-12):

Physical Education Replacement Credit (PERC)

I give my child permission to enroll in the PERC program per Board Policy 3540 which states:

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

Yes No

Does your student currently have health/accident insurance?

Yes No

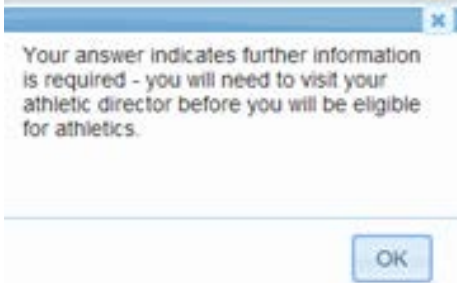
I hereby give my permission for the above named student to practice, compete, and represent the school in WIAA and/or MMSD Interscholastic activities. I further agree to be financially responsible for the safe return of all athletic equipment issued to the above named student.

I certify that I have read, understand, and agree to abide by all of the information contained in the WIAA bulletin. I further certify that if I have not understood any information contained in the WIAA document, I have sought and received an explanation of the information prior to signing this statement.

I give permission for MMSD or designated coach to approve emergency treatment.

Click here to continue.

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



OK

MMSD Athletic Permissions

MADISON METROPOLITAN SCHOOL DISTRICT

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Thank You

Your information has been saved.

Our records indicate that **Cha Kai Yang** requires a physical examination.

[WIAA Physical Card](#)

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

[Sign Out](#)

If your child requires a physical examination, click here to print out the WIAA Physical Card to take to your appointment.

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

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

Signed in as: b725164 :: [Sign Out](#) [Return to the Main Page](#)

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

MMSD Athletic Permissions

MADISON METROPOLITAN SCHOOL DISTRICT

Signed in as: b725164 :: [Sign Out](#) [Return to the Main Page](#)

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.