

Wisconsin Interscholastic Athletic Association  
Alternate Year Athletic Permit Card (YELLOW)  
School Year 20\_\_ - 20\_\_

Name \_\_\_\_\_ Student # \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth County and State \_\_\_\_\_

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 also attend to the fact that the above named student has not been hospitalized or suffered any serious illness or injury since the time of his or her last physical examination. If the above has suffered any of the above or has been hospitalized for any reason since the date of the examination – PLEASE DO NOT SIGN THIS CARD. THIS STUDENT MUST BE RE-EXAMINED – another examination card should be obtained from the school.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

ALL STUDENT ATHLETES PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION.

MMSD Accident Insurance Certification and Athletic Code Card

1. The following Board Policy No. 4143 was adopted by the board of Education at its April 28, 1975 meeting: "Students participating in interscholastic athletics are to have health/accident insurance."

This will certify that (name) \_\_\_\_\_ has health/accident insurance.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

2. Athletic Policy Statement: I desire to compete in interscholastic athletics and will adhere to the policies of the Athletic Code.

Date \_\_\_\_\_ Signature of Student \_\_\_\_\_

3. As the parent or guardian of a student participating in MMSD's athletic program, I support our student-athlete's agreement to abide by all the training rules as stated in the Athletic Code. I understand that in addition to being illegal, adolescent alcohol, tobacco and other drug use is harmful to the human body. To demonstrate my support, I pledge to: not cover up or provide alibis if training rules are broken. I will hold my child responsible for her or her actions and will cooperate with the Athletic Director if he or she violates the Athletic Code. I will communicate our intentions of zero AOD tolerance to our son or daughter at the beginning of the school year so he or she will be aware of what the consequences will be as he/she makes decisions about her or her behavior.

Signature of Parent: \_\_\_\_\_