

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION – ATHLETIC PERMIT CARD

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

Physical examination taken 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.

NAME (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth _____ Age _____

Sex assigned at birth (F, M or intersex) _____ Grade _____ School _____

City _____ Present Address: _____ Telephone _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

Medically eligible for certain sports

_____ Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical exam findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of health care professional (Print/Type) _____

SIGNATURE OF HEALTH CARE PROFESSIONAL (MD OR DO)/PA/APNP: _____

Clinic Name _____

Address/Clinic _____ City _____ State _____ Zip Code _____

Telephone _____ Date of Examination _____ *

PHYSICIANS may authorize Nurse Practitioners to stamp this card with the physician's signature or the name of the clinic with which the physician is affiliated.

Parents.Place.of.Employment _____

Family.Physician _____ Family Dentist _____

Name.of.Private.Insurance.Carrier _____ Telephone _____

Subscriber.Member.Name.(Primary.Insured) _____

Emergency Information

Allergies _____

Medications _____

Immunizations Up to date (see attached documentation) Not up to date - specify _____ (e.g.,

tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved interscholastic sports except those restricted on this card. 2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), 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/ex change 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 purposes of treatment, emergency care and injury record-keeping.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

Adapted Sports League

Hortonville Area School District

Student Name _____ Date of Birth _____ Gender at Birth: M / F

Address _____ Home Phone # _____

School _____ Grade Level: _____

I certify that the above student/athlete has been medically evaluated for participation in the Adapted Sports League with recommendations documents below.

(Student with Down Syndrome, evaluation results for Atlantoaxial Instability: _____)

Indoor Soccer - Fall

- Cleared to participate, no restrictions
- Not cleared
- Cleared with following restrictions:

Indoor Floor Hockey - Winter

- Cleared to participate, no restrictions
- Not cleared
- Cleared with following restrictions:

Indoor Wiffle Ball - Spring

- Cleared to participate, no restrictions
- Not cleared
- Cleared with following restrictions:

Physician Name (Printed/Typed) _____ Date _____

Address _____ Phone # _____

Physician's Signature: _____

ATHLETE & PARENT EXPECTATIONS CONTRACT

Goals, Objectives and Guidelines:

Athletes:

Academics

- Student comes before Athlete in the expression "Student-Athlete."
- Practice and playing time can and will be limited if a student-athlete is performing poorly in any school subject per a coaches meeting with a case manager and/or administrator via in-person, email, call or text message.
- Failing ANY subject is not acceptable. If a student-athlete has a Failing Grade (F) on their report card for any class, they will have a meeting with coaches, parents, and case manager to determine their continuance with being a part of the Adapted Sports League.

Promote Good Sportsmanship, Positive Attitude, Build School Comradery

- Promote positive sportsmanship before, during and after, when attending practice and/or gameplay opportunities.
- At no time should a student-athlete use profanity, taunt members of the other team, excessively celebrate and/or make comments to their coaches/parents regarding another student's disability.
- Create a positive environment at-home in regards to individual athletes, working with teammates, and doing what is best for your team/program.
- Promote YOUR Sports League, talk about with friends, family, teachers, and people within the community

Being an Athlete

- Student-athletes are expected to maintain a positive attitude to grow.
- Take every practice seriously and enjoy your time as a high school athlete.
- Provide student-athletes with growth at personal skill level.
- Provide student-athletes with growth at working with a team.
- Prepare student-athletes for play at the high-school level.
- Proper hygiene, if you need to shower at school after practices or games, talk to your coaches
- Attend 22 out of 24 practice/gameplay opportunities in order to be eligible to earn varsity letter

Parents:

- Practice is a requirement in order for your athlete to be eligible for a varsity letter and/or an award at the end of the year banquet. This is based on attendance, academics, participation, and sportsmanship.
- Parents are required to remain in and/or near the bleachers during gameplay opportunities, unless their child has medical needs that were determined prior to participation.
- Coaches will return your email within the next day or two as this allows us to process our response and ensure we are answering your question or concern to the best of our abilities.
- Schedules - Located in multiple locations (TeamSnap, Facebook, VNN Sports)
- Excused absences for practice/games consists of Medical documentation and/or an out-of-school absence
- Clothing! You have a high school student athlete, send them in their uniforms on game day and game days ONLY.
- Provide a change of clothing/apparel if your athlete has a possibility of needing them.
- Medical Forms will be signed and turned into the program coordinator EVERY year; year is concluded after the end-of-year banquet.
- If you have questions/concerns regarding playing time, practice/game scheduling, volunteer opportunities, fundraising opportunities: Please EMAIL your coach: koreykleinhans@hasd.org or call/text at 262-424-5577

DATE: _____

Athlete Name: _____ Signature: _____

Parent Name: _____ Signature: _____