OZAUKEE HIGH SCHOOL – ATHLETIC PARTICIPATION FORM

(All athletes must have this form on file at school prior to the first practice)

2020-2021

PART 1 – MUST BE FILLED OUT COMPLETELY EVERY YEAR

Student Name: _____D.O.B._____Sport(s):_____Grade:_____

Parent/Guardians:_____Phone:_____

Student's Primary Address:_____

Parents' Place of Employment:_____

Family Physician:_____ Family Dentist:_____

Health Insurance Carrier:_____ Phone Number:_____

Primary Insured Name:_____ Policy Number:_____

PERMISSION TO PARTICIPATE:

-I hereby give permission for the above-named student to practice, compete and represent Ozaukee High School in WIAA approved interscholastic sports. I also attest to the fact that the above-named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.

RESPONSIBILITY TO RETURN ALL SCHOOL-ISSUED EQUIPMENT AND UNIFORMS:

-I agree to be financially responsible for the return of all equipment and uniforms issued to the above student and agree to reimburse the school for the replacement value of lost/stolen/damaged uniforms and/or equipment. I understand that any failure to reimburse may affect the student's athletic eligibility.

PERMISSION FOR EMERGENCY MEDICAL CARE:

-I grant permission for the above student, in case of injury during athletic participation, to be given emergency attention/care by the athletic trainer, team physician, or any other physician present and to be conveyed to an emergency facility if needed. I understand that all costs associated with such treatment will be the responsibility of the parents/guardians, and that the Northern Ozaukee Schools will assume no liability for the costs.

INFORMED CONSENT:

-I understand that injuries could occur as a result of athletic participation, and that these injuries could include minor injuries. I understand that it is also possible that a catastrophic injury could result in paralysis or death due to athletic participation.

RECEIPT OF CONCUSSION EDUCATION AND RESPOSIBILITY TO REPORT:

-By signing, we agree that we have read and understand the WIAA Concussion Policy, the Wisconsin Fact Sheet for Athletes and the Wisconsin Fact Sheet for Parents and agree to abide with all information contained in these sheets.

STUDENT HANDBOOK AND WIAA ELIGIBILITY BULLETIN:

-By signing this form, we are attesting to the fact we have read and understand and will abide by all the rules and regulations set forth in the Student Handbook as adopted by the Board of Education and the WIAA High School Athletic Eligibility Information Bulletin.

_____ _____

Parent/Guardian Signature *Date*

_____ _____

Student-Athlete Signature *Date*

Turn Over for Part 2 - Physical Information

Part 2 - Only Need to Fill Out One Section Based on Date of Last Physical

MUST BE FILLED OUT BY PHYSICIAN

Needed if last athletic physical was done ***prior to April 1, 2018***

Student Name_____ DOB_____ Grade_____

The above student-athlete has been examined and may participate in interscholastic athletics. Any exceptions are listed:

_____

Other medical information:_____

Name of Physician (Print/Type):_____ Physician's Phone Number_____

Physician's Group and address_____

Signature of Licensed Physician:_____ Date of Exam:_____

HEALTH HISTORY UPDATE QUESTIONNAIRE

Needed if last athletic physical was done ***April 1, 2018 and after***

This health history update questionnaire must be completed and signed by the student's parent or guardian.

Student _____ Age_____ Grade _____ Date of Last Physical Examination_____

Sport_____

Since the last pre-participation physical examination, has your son/daughter:

1. Had any changes in health since the last physical? Yes ___ No ___

2. Had a positive lab test for COVID-19 or been hospitalized with presumed COVID-19? Yes _____ No _____

3. Been medically advised not to participate in a sport? Yes____ No____ If yes, describe in detail

_____

4. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes____ No____ If yes, explain in detail

_____

5. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes____ No____ If yes, describe in detail

_____

6. Fainted or "blacked out?" Yes____ No____ If yes, was this during or immediately after exercise?

_____

7. Experienced chest pains, shortness of breath or "racing heart?" Yes____ No____ If yes, explain

_____

8. Has there been a recent history of fatigue and unusual tiredness? Yes____ No____

9. Been hospitalized or visited the emergency room? Yes____ No____ If yes, explain in detail

_____

10. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes____ No____

11. Started or stopped taking any over the counter or prescribed medications that your primary care provider is not aware of? Yes____ No____ If yes, name of medications_____

Date_____ Signature of Parent/Guardian_____