

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION – PHYSICAL EXAMINATION CARD (Print or Type)

1. Examination taken after April 1 is good for the following TWO SCHOOL YEARS
2. Examination taken before April 1 is good for the remainder of that SCHOOL YEAR and the following SCHOOL YEAR

NAME _____ SCHOOL _____
 Last First Middle Initial
 DATE OF BIRTH _____ AGE _____ SEX _____ GRADE _____

The above named student has been examined and there are no apparent contraindications to participating in interscholastic athletic activities except as follows: Sports or school activities in which this student cannot participate are (if none – write NONE)

SIGNATURE OF LICENSED PHYSICIAN* _____ or **APNP:** _____
 Address _____ Zip _____ Phone _____

DATE OF EXAMINATION _____

* Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this card with the physicians signature or the name of the clinic with which the physician is affiliated

Current Address _____ Zip _____ Phone _____
 Parents' Place of Employment _____
 Family Physician _____ Family Dentist _____

1. A full time student, whether an adult or not, is eligible for WIAA interscholastic competition only at the school within whose attendance boundaries his/her parents reside. I verify that I, the parent, live within the Burlington Area School District and hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved sports.
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/exchange 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.
3. It is recommended that information regarding your child's allergies and prescribed medication be made available.

 Parent/Guardian Signature Date

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION
 (See over for District Waiver card)

**Burlington School District
 Athletic Code-Rules-Policies-Procedures**

We have received, read, and understand the Burlington School District's eligibility, rules, and code of conduct for High School Athletes. We understand that all athletes are expected to abide by these rules, policies, and procedures, and those individual team policies presented by the coaches and will be subject to penalty if found in violation.

Athletes are responsible for proper care of uniforms and equipment and parents will be held financially responsible for damaged or missing uniforms and equipment. Students may not participate further until this responsibility is met. **It is the athlete's responsibility to clean out their athletic locker within 48 hours upon completion of their sport. Items remaining will be sent to Lost & Found. Burlington High School no longer assumes responsibility for these items after the 48 hour period.**

Parental Oath of Sportsmanship

I agree to practice and promote good sportsmanship. I also agree that if I fail to abide by the following guidelines and goals, I will be subject to disciplinary action that could include, but not limited to: verbal warning by school personnel, written warning, removal and/or suspension from games(s), or legal prosecution or action with record of incident kept on file.

- I will learn and understand the rules of the game and the policies of the conference and WIAA.
- I will be responsible for my actions and the actions of my guests as a positive role model for my student-athlete and will encourage sportsmanship by showing respect, courtesy, and positive support for players, coaches, officials and all other spectators.
- I will not engage in any unsportsmanlike actions directed at any official, coach, player, or other spectators to include booing, taunting, using profane or rude language or gestures.
- I will not ridicule or yell at my child or other members of the team for making a mistake or losing a competition.
- I will put what is best of the athletes and team above my personal desires for my child to gain acclaim or win.
- I will respect the officials and their authority during games and will not question, discuss or confront coaches or officials at the competition site. I will take time to speak with coaches at an agreed upon time and place.
- I will demand an educational sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all high school events.

In addition, I will accept and abide by the enforcement of all penalties for school athletic code violations imposed on my son/daughter for their failure to abide by the code.

Insurance Information

The school district in conjunction with WIAA offers accident insurance for participants involved in interscholastic athletics. This insurance will be secondary to the family's insurance if the family has insurance coverage. By signing this form the parent assumes financial responsibility for items not covered by family insurance/school district athletic accident insurance/WIAA insurance. **It is the responsibility of the parent or athlete to report all injuries to the Activities Office within 20 days of the injury occurring.** An accident claim form can be obtained from the Activities Office and must be filed with the insurance company within 90 days after medical treatment ends.

 Parent/Guardian Signature Student Signature