

Pius XI High School
ATHLETIC FORM "A"
(To be filled out by parent or guardian)

Student-Athlete: _____
(Last Name) (First Name) (MI) (Sex) (Yr. of Graduation) (TAC Room)

Home Address: _____
(include City, State and ZIP Code)

Home Phone: _____ **Cell Phone:** _____

E-mail Address: _____ **Date of Birth:** _____

PERMISSION TO PARTICIPATE IN WIAA INTERSCHOLASTIC ATHLETICS

I hereby give my permission for the above named student-athlete to practice and compete and represent Pius XI High School in WIAA approved and regulated interscholastic sports excepting those specifically "restricted" on this form. I further grant permission for any medical records pertaining to the health of the above named student-athlete to be made available "as necessary" to the proper school personnel and appropriate health care providers, including emergency medical personnel.

FINANCIAL RESPONSIBILITY FOR ATHLETIC UNIFORM(S) and EQUIPMENT

As parent (or legal guardian) of the above named student-athlete, I agree to be financially responsible for the prompt and proper return of all athletic equipment issued to him/her. I understand that my son/daughter is responsible for any uniform/equipment that is assigned to them and agree to pay the replacement value of the uniform/equipment in the event that it is lost, stolen or damaged.

ASSUMPTION OF RISK

I realize that there are risks in athletic activities provided by Pius XI High School and that my son/daughter may incur serious injury as a result of his/her participation in such athletic activities. I have weighed these considerations and approve of the participation of my son/daughter named on this page. Participants hold the responsibility to perform only approved safe techniques in practices and games.

INSURANCE

I certify that I have adequate insurance coverage on my son/daughter, the above named student-athlete, to cover expenses in the event of an athletic related accident or injury.

ATHLETIC CODE

I have read the ATHLETIC CODE found in the Pius XI High School Parent-Athlete Handbook and have discussed that ATHLETIC CODE with my son/daughter. We understand that he/she must completely comply with all facets of the ATHLETIC CODE twelve months of the year as a necessary condition of athletic eligibility in any sport sponsored by Pius XI High School.

It is the student-athlete's responsibility to read and follow all WIAA and Pius XI High School rules of eligibility.

TRANSPORTATION POLICY

I have read the TRANSPORTATION POLICY found in the Pius XI High School Parent-Athlete Handbook and agree to comply with it and support it at all times.

Having been cautioned and warned, I fully understand and agree to the participation of the above named student-athlete in athletic activities under the conditions described on this form. Furthermore, I release Pius XI High School, members of the Pius XI High School Board of Directors, and their respective employees and agents ... and Froedtert Representatives ... from any liability and claims for injury and illness that may occur during participation in any practice and/or event which is in any way related to the co-curricular activity. I further understand that Pius XI High School does not provide health insurance on behalf of participants in such co-curricular activities, and that the responsibility for medical coverage for any injury or illness sustained as a result of participation in such athletic activities does not lie with Pius XI High School. I understand that this release will apply to myself and personal representatives, heirs, and assigns and will remain in effect for one year from the date below.

Date: _____ **Signature of Parent/Guardian:** _____

Date: _____ **Signature of Student-Athlete:** _____
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WIAA PHYSICAL EXAMINATION FORM for PIUS XI HIGH SCHOOL

(Print or Type)

A physical examination taken April 1st and thereafter is valid for the following two school years. A physical examination taken before April 1st is valid only for the remainder of that school year and the following school year.

Student-Athlete: _____
(Last Name) (First Name) (MI) (Sex) (DOB) (Age) (Grade)

Present Address: _____ **Telephone:** _____
(Street Address) (City) (State) (ZIP Code)

Cleared without restriction Cleared ... with the following qualifications: _____

Not cleared for All sports Certain sports: _____ **Reason:** _____

Recommendations: _____

SIGNATURE OF LICENSED PHYSICIAN *: _____ **OR APNP:** _____

Address: _____ **City:** _____ **State:** _____ **ZIP Code:** _____

Telephone(s): _____ **Date of Examination:** _____

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

*Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this form with the physician's signature or the name of the clinic with which the physician is affiliated.

Pius XI High School
ATHLETIC EMERGENCY INFORMATION FORM

(To be filled out by parent or guardian)

Student-Athlete: _____
(Last Name) (First Name) (MI) (Sex) (DOB) (Age) (Grade)

Father's Name: _____ **Mother's Name:** _____

Home Phone: _____ **E-mail Address:** _____

Home Address: _____
(include City and ZIP)

Father's Cell/Work Phone: _____ **Mother's Cell/Work Phone:** _____

Emergency Contact: _____

Emergency Contact Phone(s): _____

Medical Insurance Company: _____

Medical Insurance Policy Number: _____

List any previous injuries (Please be specific.): _____

List any physical disabilities or allergies: _____

List any medication the student-athlete is taking or will need: _____

List any special instructions for care/medication: _____

AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT

We authorize the Pius XI High School representative, or Froedtert Sports Medicine Institute representative, to provide and secure any medical assistance on behalf of my son/daughter. I authorize these individuals to discuss my son's/daughter's medical condition with other health care personnel whom they deem appropriate. We further authorize transportation by Emergency Medical Service Personnel to an Emergency Management Facility (hospital) and the Emergency Management Facility to treat the condition in the event that we are physically unable to give consent ourselves.

(Signature of Parent/Guardian)

(Date)