

NAME _____

Last **First** **M.I.** **Date** **Grade in School**

ATHLETIC PERMIT AND LIABILITY WAIVER
This portion is to be filled out every year.

1. I hereby give my permission for my student to practice and compete and represent the school in WIAA approved interscholastic sports except those restricted on this form.
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 on this form, 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. I also attest to the fact that the student named on this form has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.

I, the undersigned, have adequate insurance and am willing to take full financial responsibility for any and all injuries sustained by my son/daughter while participating, whether it be in a practice session or in actual competition, in a WIAA or any other sponsored sport in the Appleton Area School District Athletic program.

I further knowingly and voluntarily waive any and all claims against and forever release the Appleton Area School District, its Board Members, Officers, Agents, Employees and Volunteers for any and all injuries sustained by my son/daughter with participating, whether it be in a practice session or in actual competition, in a WIAA or any other sponsored sport in the Appleton Area School district Athletic program.

Parent/Legal Guardian Signature _____ **Date** _____

Printed Parent/ Legal Guardian Name _____

Appleton Area School District--Athletic Code of Conduct
This portion is to be filled out every year.

I understand all of the rules and regulations of the Appleton Area School District Athletic Code of Conduct. I furthermore agree to cooperate with the school in enforcing the code for the betterment of all concerned.

Athlete Signature _____ **Date** _____

Parent Signature _____ **Printed Parent Name** _____

Sports _____

Activities _____

Wisconsin Interscholastic Athletic Association High School Athletic Eligibility Information
Parent-Athlete Rule of Eligibility

This portion is to be filled out every year.

I certify that I have read, understand, and agree to abide by all of the information contained in the WIAA Athletic Eligibility bulletin. I further certify that if I have not understood any information contained in that document, I have sought and received an explanation of the information prior to signing this statement.

Student/Athlete's Signature _____ **Date** _____

Parent/Guardian's Signature _____

A separate concussion acknowledgement form must be filled out and on file prior to the start of practice.

