EAU CLAIRE NORTH HIGH SCHOOL

ATHLETIC PERMISSION SLIP

***** Complete 1 permission slip per school year *****

Circle All Sports You May Participate In:

Fall: GSwim GTen GGolf BSoc VB FB CC Cheer
Winter: BSwim GBB BBB GHoc BHoc Gym Wrest Dance Cheer
Spring: Track GSoc BTen BGolf SB BB

EMERGENCY MEDICAL INFORMATION

PRINT LEGIBLY

Student Name: Last _____ First _____ MI _____

Address _____ Birthdate_____

(Primary Residence Address=Parent/Legal Guardian's voter registration, tax district, or driver license address)

Athlete Email _____ Athlete Cell # _____Grade____

Parent/Legal Guardian's Full Name(s)_____

Home #_____Cell # _____ Work #_____

Parent's Email_____

Alternate Emergency Contact Name _____ Relationship_____

Home #_____ Cell#_____Work #_____

REQUIRED ⇨ Insurance Company _____ ⇨ID#:_____

Medical information (allergies, medications, etc.)_____

BY SIGNING THIS PERMISSION SLIP YOU ARE AGREEING TO THE ITEMS BELOW UNLESS OTHERWISE NOTED:

- ✓ In case my child requires transportation to a medical facility and a parent/guardian is not available for consultation, I give the COACH AND/OR STAFF permission to determine the most appropriate method.
- ✓ Furthermore, if unable to be contacted, I authorize the PHYSICIAN(S) and HOSPITAL STAFF to treat our son/daughter as they deem necessary in any non-life-threatening emergency situation.
- ✓ I attest to the fact that the named athlete has not been hospitalized or suffered any serious illness or injury since his/her last physical examination. Comments: _____
- ✓ I fully realize that the school does **not** provide insurance coverage and that there is an inherent risk of injury by participating in athletics.

RESIDENCE INFORMATION

CHECK ALL THAT APPLY:

- ❑ Athlete's primary residence is in North High School's Attendance Area (NHSAA)
- ❑ Athlete's primary residence is outside NHSAA *but* athlete is attending through open enrollment
- ❑ Athlete's primary residence is outside NHSAA *but* athlete is living with someone besides a parent(s) in NHSAA
- ❑ Athlete attended a different high school during part of this school year and/or last school year
  If so, name of school attended_____

ATHLETIC CODE

I/We have reviewed the most current **ATHLETIC CODE** and **THE WIAA ATHLETIC ELIGIBILITY BULLETIN** and any changes made for this year by the ECASD and the WIAA. I give permission for the athlete named to practice, compete, and represent the school in interscholastic sports. I/We accept and agree to support and follow all provisions as outlined, and to pay for any team clothing or equipment that is lost or damaged.

By signing below, I also consent to the release of the athlete's GPA and academic or performance standing for any awards and honors for the athlete listed above.

Athlete's Signature*_____

Parent/Legal Guardian's Signature*_____ **Date:** _____

****Signatures indicate agreement to code and verification that all information provided is true and accurate.***

OFFICE USE ONLY

____ **Name, Address, etc** **Physical date** *(green card/list)* _____ **Head Inj Form:** _____ **Concussion Form:** _____

____ **Medical / Residence / Signatures** *(above)* **Code Date** _____

Athlete's Name: _____ ***(PRINT)*** ***Last*** ***First*** ***MI*** **Gender:** ____ ***YEAR 2019-20***