

**ALTERNATE YEAR FORM**

Wauwatosa School District –  
High School Athletic Participation Form

**School Year:** \_\_\_\_\_

*\*\*All athletes participating in Interscholastic Athletics must have this signed form on file PRIOR TO PRACTICE OR PARTICIPATION, and have paid the Athletic Fee (per sport). \*\* Return completed form to the Activities Office.*

PHYSICAL EXAMINATIONS taken April 1 and thereafter are valid for the following two school years. Physical examinations taken before April 1 are valid for the remainder of that school year and the following school year.

**Athlete Section**

_____	_____	_____	_____
<b>Last Name</b>	<b>First Name</b>	<b>Initial</b>	<b>Date of Birth</b>
_____	_____	_____	_____
<b>Place of Birth (County &amp; State)</b>	<b>Grade</b>	<b>Age</b>	<b>Sex</b>

**Parental Consent Statement**

I hereby give my permission for the above-named student to compete and represent Wauwatosa West High School in WIAA approved sports.

I attest to the fact that the above-name student has not had a significant operation, serious illness or injury requiring pro-longed treatment since the last pre-participation evaluation.

*If there is any question that above-name student may not be qualified for athletic competition without, at least, a partial re-evaluation, please contact your medical advisor before signing this form.*

Date of last Physical Exam (if known): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Personal Information**

Parent Name(s) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

School student attended last semester: \_\_\_\_\_ Phone: \_\_\_\_\_

If a student attended a school outside of the Wauwatosa School District, was student under Athletic Suspension at the time he/she withdrew from the school listed above?  Yes  No

Would student be academically eligible for Athletics if still enrolled at the school listed above?  Yes  No  
(Please refer to the Athletic Code of Conduct and the WIAA Eligibility Information.)

**I attest that all information given on this participation form is accurate and correct.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_