

PHYSICAL 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

Last Name	First Name	Initial	Date of Birth
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Place of Birth (County & State)	Grade	Age	Sex
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Physician Section

The above-named student has been examined and there is no contraindication to participating in interscholastic athletic activities except as follows:
(Physicians note: Please refer to the guide for athletic disqualification) _____

If student is **RESTRICTED** or **DISQUALIFIED** from any sports or school activities, please indicate. If none, write **none** _____

If a student requires an ANNUAL physical (rather than the WIAA requirement of a physical every two years), please indicate here: _____

Cleared for Participation Cleared with Restrictions Not Cleared Reason: _____

SIGNATURE of licensed physician (MD or DO) _____

Address: _____ **Date of Exam:** _____

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:** _____