

## RANDOM LAKE HIGH SCHOOL ATHLETIC DEPARTMENT PLEDGE AND WAIVER

We have read the policies and rules set forth for athletic participation in extracurricular activities at Random Lake High School. We agree \_\_\_\_\_ may participate in these activities under these terms and conditions.

We agree to assume full responsibility for all equipment issued to \_\_\_\_\_, to confine the use of that equipment to practices, games or meets, to pay for any and all equipment that may be lost, misplaced, or damaged and to abide by all the rules and regulations set forth in the Student Activities Handbook.

We give our permission to the attending physician or school officials at the athletic events to give first aid and emergency care, including the transportation to a hospital or clinic and subsequent treatment, to \_\_\_\_\_ should he or she require such assistance. We release the School District of Random Lake and its employees from any and all liability for injuries incurred in the activity and/or treatment provided.

We understand any medical expenses incurred as a result of \_\_\_\_\_'s participation in extracurricular activities is our responsibility. The School District of Random Lake is not responsible for medical expenses incurred by students participating in school athletic activities. We understand this form must be returned to the school prior to the student participating in athletic competition or practices.

**Participating Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Parent(s) or Legal Guardian(s) Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

PLEASE NOTE: A low cost group insurance plan is being offered for those who feel they do not have adequate coverage or wish to have additional protection – please check in office for information.

### WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD

Physical Date: \_\_\_\_\_ SCHOOL YEAR: 20\_\_\_\_ - 20\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_ Telephone \_\_\_\_\_

Parents' Place of Employment \_\_\_\_\_

Family Physician \_\_\_\_\_ Family Dentist \_\_\_\_\_

Name of Private Insurance Carrier \_\_\_\_\_ Telephone \_\_\_\_\_

Subscriber Member Name (Primary Insured) \_\_\_\_\_

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved sports.
  2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
  3. 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 above, including 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.
  4. It is recommended that information regarding your child's allergies and prescribed medications be made available.
- PARENT: If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing card.

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION