

PHYSICALS

ALL PARTICIPANTS MUST HAVE A PHYSICAL FORM ON FILE WITH WAUKESHA YOUTH FOOTBALL BEFORE THEY MAY BEGIN PRACTICE!!!

PHYSICAL EXAM FORMS ARE NORMALLY VALID FOR TWO SEASONS.

IT IS THE OBLIGATION OF THE PARENTS TO ARRANGE FOR A PHYSICAL. YOU MAY GO TO YOUR OWN DOCTOR, OR TO A CLINIC OF YOUR CHOICE.

PHYSICAL FORMS ARE AVAILABLE FROM OUR PROGRAM DIRECTORS.

REMINDER – NO ONE WILL PRACTICE WITHOUT A PHYSICAL ON FILE – EXCEPTIONS WILL NOT BE ALLOWED.

PHYSICAL EXAMINATION

NAME: _____

GRADE: _____ AGE: _____ DATE OF BIRTH: _____ SEX: _____

SCHOOL: _____ CITY: _____

The above named student has been examined and there are no apparent contradictions to participating in interscholastic athletic activities except as follows. (PHYSICIAN NOTE – Please refer to Guide for Athletic Disqualification)

Sports or school activities in which this student cannot participate are (if none – write NONE) _____

If student is restricted or disqualified, please indicate reason(s): _____

Signature of Licensed Physician or Surgeon: _____

Address: _____

City and State _____

Telephone _____ Date of Examination _____

Present Address _____ Telephone _____

Parents Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____

Policy Numbers and Address _____

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved interscholastic sports excepting those restricted on this card.

2. I further grant permission for any medical records pertaining to the health of the above named student be made available as necessary to the proper school district personnel.

Signature of Parent or Legal Guardian

DATE _____

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

HEIGHT _____

WEIGHT _____