

# MUKWONAGO HIGH SCHOOL ATHLETIC PARTICIPATION FORM

(ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THE SCHOOL PRIOR TO THE FIRST PRACTICE)

## PARENT OR GUARDIAN PERMISSION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

The school board of the Mukwonago School District requires that all athletes have insurance coverage prior to any athletic practice or competition. If your son or daughter already has medical insurance coverage, you should state the insurance company and policy number below. If your son/daughter does not have medical insurance coverage, First Agency, Inc. is available to all participants. (Registration forms are available at the Office.)

I have coverage with \_\_\_\_\_ Policy # \_\_\_\_\_

I elect First Agency Inc. (Registration forms are available at the Office.)

In the event of an injury during practice or competition, I grant permission for my son/daughter to be given immediate care and transported if necessary.

- I agree that my son/daughter is to be responsible for all equipment issued to him/her, and to pay for any items, which are lost or damaged.
- I have read a copy of the athletic rules and regulations and agree that my son/daughter is to abide by the policies as stated in the student handbook. Furthermore I have received and read the MHS athletic code of conduct as well as the WIAA rules & regulations regarding eligibility (both forms can be accessed on [www.masd.k12.wi.us](http://www.masd.k12.wi.us) or picked up at the MHS main office or athletic office).
- I support the athletic code of Mukwonago High School and agree that my son/daughter is to abide by this code. Furthermore, I agree to cooperate and assist with enforcement of the code of conduct.
- I have read and understand the preceding and give permission for the above named student to practice, compete, and represent Mukwonago High School in WIAA approved interscholastic sports except if restricted by a physician.

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

### Student Contract:

I agree to be responsible for all equipment and fund raising items issued to me. I will pay for any items which are lost or damaged. Furthermore, I understand that I will not be eligible for athletic participation until all such delinquencies are cleared up.

I have read the WIAA athletic eligibility information and the Mukwonago High School eligibility guides. I understand its contents and agree to abide by the guidelines stated.

I have read the athletic code of Mukwonago High School. I agree to abide by the code and cooperate with the school in the enforcement of this code.

*(Copies of eligibility and codes of conduct guidelines are available in the Athletic Office)*

Dated: \_\_\_\_\_ Student Signature: \_\_\_\_\_

**Current physical on file, \$100.00 participation fee & participation card - - -  
ALL DUE FIRST DAY OF PRACTICE (If cut sport \$100 due FIRST practice after cuts)**

Check any/all sports you plan to participate in:

FALL

- Football
- FB Cheerleading
- Cross Country
- Girls Golf
- Poms
- Boys Soccer
- Girls Swimming
- Girls Tennis
- Volleyball

WINTER

- Basketball
- BB Cheerleading
- Gymnastics
- Hockey (no user fee)
- Ski Team(no user fee)
- Boys Swimming
- Wrestling

SPRING

- Baseball  Softball
- Boys Golf  Boys Tennis
- Girls Soccer  Track

Participation Fee:

\$100.00 per student per sport (Maximum for one family at is \$400.00)

Fee must be paid first day of practice (or 1<sup>st</sup> practice after cuts)

Athlete will not be able to participate until the fee is paid.

Checks made out to MHS

<u>*OFFICE USE ONLY*</u>				
Sport	Amount Paid	\$100	Date	Ck #/cash
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Check this box if this is an alternate year card. (Valid physical on file at MHS-after April 1st)

A physical examination taken **after April 1<sup>st</sup>** is good for the following two school years. A physical examination taken before April 1<sup>st</sup> is good for the remainder of that school year and the following school year.

**PHYSICIANS, PLEASE REFER TO THE GUIDE FOR ATHLETIC DISQUALIFICATION.**

The above named student has been examined and may participate in interscholastic athletic activities except as follows:

(If none, write "none") \_\_\_\_\_

If student is restricted or disqualified, please indicate:

\_\_\_\_\_

If approved for only one year of competition, please indicate: \_\_\_\_\_

**Signature of licensed physician, surgeon or nurse practitioner**

\_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ **Date of Exam** \_\_\_\_\_

➤ In late July area doctors conduct walk-in exams for \$15.00 each (which is donated to the school for First Aid Equipment). The date and location will be advertised in the Mukwonago Chief.