

PARK VIEW MIDDLE SCHOOL
ATHLETIC PARTICIPATION FORM

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

PARENT OR GUARDIAN PERMISSION

Student Name: _____ Height: _____ Weight _____

Birthdate: ____/____/____ Grade: _____

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.

- Y 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.
- Y 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 agree to cooperate and assist with enforcement of the code of conduct.
- Y I have read and understand the preceding and give permission for the above named student to practice, compete, and represent Park View in inter scholastic sports except if restricted by a physician.

List brothers and sisters in Middle School:

Parent/Guardian Signature: _____ Date: _____

Check any/all Sports you plan to participate in:

FALL

- Cross Country (Boys & Girls)
 Girls Basketball
 Pom & Dance

Participation Fee:

75.00 per student per sport (Maximum for one family at PVMS is \$300.00; \$400 household family maximum district wide.)

Participation **fee must be paid prior to first contest.** If the fee is not paid prior to the first contest, the athlete will not be able to participate until the fee is paid.

WINTER

- Girls Volleyball
 Boys Basketball
 Wrestling

Eligibility Requirements:

Park View Middle School students must maintain a 1.80 grade point average or better and be passing at least 80% of their classes, (No more than 2 F's) based on each six (6) week grading period to be able to participate in interscholastic athletics.

SPRING

- Track (Boys & Girls)

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 eligibility information bulletin. I understand its contents and agree to abide by the guidelines stated.

I agree to abide by the common sense rules of Good Citizenship and Healthy Lifestyles. Furthermore, I agree to cooperate with the school in enforcement of good Citizenship and Healthy Lifestyles Choices.

Dated: _____ Student Signature: _____

Check this box if this is an alternate year card. **(Valid physical on file at PVMS)**

Physical examination – To be completed by doctor or nurse practitioner at the time of physical:

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 _____

Y 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.

Office Use Only

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

Physical Exam is not required for _____ Year