

**KENOSHA UNIFIED SCHOOL DISTRICT NO. 1  
ATHLETIC PERMISSION FORM**

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

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

School \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Permission to Participate**

I hereby give my permission for the above-named student to practice, compete, and represent the school in WIAA regulated interscholastic sports except any restrictions as noted on the current, effective physical examination card as completed by a licensed physician or advanced practice nurse prescriber. This letter shall be provided to each student when they sign up to participate in a sport. No athlete will be permitted to participate until this form is signed and on file with building athletic director. Plus, this form serves as a notification of parental (guardian) permission to participate in the sport of: \_\_\_\_\_.

**Responsibility to Return All School-Issued Uniforms/Equipment**

I agree to be financially responsible for the safe return of all athletic uniforms and equipment issued to him/her. I understand that my son/daughter is responsible for any uniform or equipment that is assigned specifically to him/her, and agree to reimburse the school the actual replacement value of the uniforms/equipment in the event that they are lost or stolen. I understand that failure to reimburse KUSD#1 in a timely fashion could affect my son/daughter's athletic eligibility.

**Permission for Emergency Medical Care and Conveyance**

I further grant permission for my son/daughter, named above, in case of injury as a result of athletic participation, to be given emergency attention/care by the coaching staff, athletic trainer, the team physician or any other physician present, and to be conveyed to an emergency medical facility, if needed. I understand that all medical costs that could occur from such conveyance and subsequent treatment are the sole responsibility of the parents/guardians, and I understand that KUSD #1 will assume no liability for the cost of said conveyance or treatment.

**Informed Consent**

I understand that injuries could occur as a result of participation in athletics. I understand that these injuries could include minor injuries such as bruises or abrasions, muscle strains, sprains, or broken limbs. I understand that it is possible that a catastrophic injury could occur rendering my son/daughter paralyzed, and that death could also occur as a result of a catastrophic injury.

**Insurance Waiver**

I certify that I have adequate insurance coverage on the above-named student to cover medical expenses in the event of an athletic-related accident or injury.

**Signature**

By signing this form I am attesting to the fact that I understand and agree to all conditions set forth on this form and that if I have not understood any information, I have sought and received an explanation, and I am fully aware that I am granting permission for the above-named student to participate in the KUSD #1 Athletic Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date