

Alternate Year Letter

TREMPER SENIOR HIGH SCHOOL

8560 – 26th Avenue
Kenosha, WI 53143
262-942-2200

Tremper Trojan Athletics Physical Athletic Forms

Hello and welcome to the Athletic Department of George Nelson Tremper High School in Kenosha, Wisconsin. If you or someone you know is interested in becoming a member of one of our athletic teams, the following information must be completed in full and returned to the Athletic Department office, Room 146 (located directly across from the Home Court/School Store). Please take the time to read it and all the forms entirely before completing them. I hope that you will find this letter helpful in the process. Thank you.

- I. **Emergency Information Card** This card needs to be completed in full. It accompanies a coach to every away game and serves us with emergency contact information. This card needs to be kept up to date at all times. Should something change, please make these corrections immediately. **This card is required NEW for each and every sport change.** Example: If you complete one in the fall, you will need to do another for the winter season!
- II. **Athletic Alternate Year.** This is the required form needed for participation in a sport. This is the form that is used ONLY if there is a current physical on file. It also requires THREE parent/guardian signatures. One on the front page, under *Wisconsin Interscholastic Athletic Association-Athletic Permit*. The other two are on the back page, *under Section 2: Athletic Code of Conduct* and the other under *Section 3: Notification of Risk*. All three require the date of the signature as well.
- III. **Athletic Code of Conduct.** This form explains the philosophy of athletics within the Kenosha Unified School District #1 and the standards of the Wisconsin Interscholastic Athletic Association. It covers violations of the code, and their consequences, including the appeal process. It is required reading and discussion for both the athletes and their parent/guardians. Failure to read this document will not relieve the infraction nor the consequences imposed upon the athlete. Your signature in Section 3 acknowledges that both you and your athlete have read and agree to comply with the code. The yellow pages themselves should be removed by the athlete and placed with their other valuable school papers for any additional reference.
- IV. **\$3.25 Catastrophic Insurance Payment.** This is a one-time payment per year regardless of the number of sports your student athlete becomes involved with. If they go out for a fall sport then this obligation is completed for the remainder of that school year. I ask that this payment be in one of two forms only! Either cash or check, for the amount of \$3.25, made payable to Tremper Athletics. This amount is not refunded regardless of whether your athlete makes the final cut or quits during the season, where applicable. Acknowledgement of payment and a receipt will be issued to the student athlete with their Permit to Practice card.
- V. **\$50.00 Athletic User Fee.** This is the fee associated with participation in the designated seasonal sport. To eliminate refunding, **it is collected only after final cuts have been made, but before the first game, match, or meet has been played!** It too needs to be made in the form of a check (PLEASE), made payable to Tremper Athletics and will be acknowledged with a receipt returned to the student athlete. There is a maximum of \$100 per student and a maximum of \$200 per family per school year.
- VI. **Permit to Practice.** This is the final step in the registration process and is given directly to the Head Coach of the particular season's sport. It is not given to the athlete! Generally, it includes any receipts that should be given to the athlete acknowledging any fees paid. It signifies that the student athlete has completed all the necessary forms, paid all required fees, and has no outstanding obligations regarding violations of the Code of Conduct.

Should questions arise that I could be of some assistance with, please give me a call at Tremper, 942-2226, and I will try to answer them.

Respectfully,

Joseph Fanning
Athletic Director
Tremper High School

SECTION 2: ATHLETIC CODE OF CONDUCT AGREEMENT

We, the parents/guardians of _____, have received, read and understand, and have discussed the Kenosha Unified School District's Athletic Code of Conduct with our son/daughter. We further agree to permit our son/daughter to participate in athletics with the conditions as set forth in the Athletic Code of Conduct. We understand that the Athletic Code of Conduct is in effect for twelve months from the date listed below.

Athlete Signature: X _____ Date: _____

Parent/ Guardian Signature: X _____ Date: _____

SECTION 3: NOTIFICATION OF RISK OF INJURY

Participation in any athletic sport carries with it an increased possibility of injury, some of which could be serious and permanent nature, or even death. While coaches will utilize the most current, medically sound conditioning methods and teach only safe, competitive techniques in preparing athletes, the possibility of serious injury still exists. Athletes also have responsibilities to exercise caution and use only approved, safe playing techniques in practice and competition. In addition, all athletes should avail themselves of off-season strength training and conditioning programs available in the schools and community in preparation for their specific sports seasons.

Having been so cautioned and warned about the possible risk of injury in athletic participation, it is still my desire to participate in athletics, and I hereby further acknowledge, with my signature below, that I do so with the full knowledge and understanding of the risk of serious injury to which I am exposed during all athletic participation.

As the parent/guardian of the above athlete I acknowledge, with my signature below, that I fully understand the possibility of the risk of serious injury involved in athletic participation and do hereby grant my son/daughter permission to participate in the sports listed below.

Fall Sport	Winter Sport	Spring Sport
<u> X </u>	<u> X </u>	<u> X </u>
Athlete's Signature	Athlete's Signature	Athlete's Signature
<u> X </u>	<u> X </u>	<u> X </u>
Parent/Guardian Signature	Parent/Guardian Signature	Parent/Guardian Signature
_____	_____	_____
Date	Date	Date

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

SECTION 4: CATASTROPHIC INSURANCE FEE

Catastrophic insurance is intended to cover costs associated with catastrophic and or life-long injuries received during athletic participation. Catastrophic insurance does not replace a student's regular health insurance, but is intended to supplement the regular health insurance after \$25,000. Payment of the catastrophic insurance fee is required by the Kenosha Unified School Board. This low cost insurance is a one time fee per school year no matter how many sports your son/daughter participates in during the school year.

[] \$3.25 Paid

SECTION 5: ATHLETIC USER FEE

The Athletic User Fee is collected to help offset the cost of running the school district's athletic programs and is mandated by Kenosha Unified School Board policy. There is a \$50 fee per sport with a cap of \$100 per athlete per school year, or a cap of \$200 per family per school year. This fee must be paid, but will be refunded if an athlete fails to make a final roster. Fees will not be refunded if an athlete quits the team or is removed for academic or athletic code violations.

Fall Season Winter Season Spring Season
 [] \$50 Paid [] \$50 Paid [] \$50 Paid

OR [] \$100 Maximum per individual has been reached [] \$200 Maximum per family has been reached

Signature: _____ Date: ____/____/____

PLEASE PRINT

ATHLETIC DEPARTMENT
KENOSHA UNIFIED SCHOOLS
EMERGENCY INFORMATION

School: _____

Sport: _____

Name: _____ Birth date: _____ Age: _____ Grade: _____

Address: _____ City _____ Zip _____

Parents/Guardian Name: _____ Home Phone: _____

Parents Place of Employment (Father) _____ Work Phone: _____

Parents Place of Employment (Mother) _____ Work Phone: _____

Family Physician: _____ Phone: _____

Orthopedic Physician: _____ Phone: _____

Hospital Preferred: _____ In an emergency, if parents
cannot be reached, please notify: Name: _____ Phone: _____

Our family health and accident insurance policy is with _____ Company.

The team trainer and coach may apply first-aid treatment until the family physician can be contacted and we further give our consent for coaches, trainers, and team physicians to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached: YES: _____ NO: _____

Parent Signature

Date

Side 2

Player Information: Playing Experience: _____

Height: _____ Weight: _____ Locker No.: _____ Combo: _____

INJURY INFORMATION

Previous Chronic Injuries: _____

Operations: _____

Medications: _____

Allergies: _____

Dates of Injuries: _____

First Aid Treatment Given: _____

Diagnosis by Physician: _____

Treatment and Rehabilitation Used: _____

Date Approved for Practice: (letter or notice from physician required): _____