

# 2019-2020 Online Athletic Registration

To be eligible to participate in a sport a student must have the following steps completed prior to July 31, 2019 (Online registration will be available on July 1, 2019):

**[Log into Family/Student Access - Open Family Access/Online Forms and follow the steps below.](#)**

## Step 1

1. \$150 OHS Athletic fee paid online. (additional \$50 Football fee) Winter and Spring athletes do not have to pay at this time. (Fee Management Tab)
2. Current [Physical Card](#) on file dated after April 1, 2018, turned in to the athletic office between 8am and 3pm. **\*\*Athlete's most current physical date can be viewed on Family Access under the Health tab.**
3. Online Athletic Registration completed and electronically signed by both parent and athlete by July 31st. The online form includes the following information:
  1. Selection of sports - *if changes have been made to the sport selection after approval has been confirmed, please notify the athletic department.*
  2. Emergency Medical Information is accurate and up to date
  3. [Athletic/Co-Curricular Code of Conduct](#)
  4. Concussion Agreement
  5. Assumption of Risk
  6. Financial Responsibility for Athletic Uniforms and Equipment Agreement
  7. Insurance Information
  8. **Electronic Signature (Both athlete and a parent/guardian will have to log in to Family Access separately to sign their portion of the Online Athletic Registration Form.)**

## Step 2

**Random Drug Testing** - Random Drug Testing Policy consent form electronically signed by both parent and athlete. As per OASD School Board policy, the refusal to participate in Random Drug Testing will result in the inability to participate co-curricular events and/or the exercise of parking privileges. For more information please refer to the following documents.

- [Random Drug Testing Policy](#)
- [Frequently Asked Questions](#)

## Step 3

Complete Online Registration by clicking the SUBMIT button.

**Both athlete and a parent/guardian will have to log in to Family Access separately to complete their portion of the Online Athletic Registration/Random Drug Testing Consent/Submit Button.**

\*\*When all of the above steps are completed the athletic office will verify and send a confirmation email to the athlete/parent. This may take up to a week. The athlete's name will go on an approved list that will be shared electronically with coaches. Coaches will verify athlete's eligibility to participate with the list we provide them.



## Application for Participation in Interscholastic Athletics or Extracurricular Activities for Home-Based Private Education Students

Documents Verified By: \_\_\_\_\_

Name of District Employee

The School District of Oconomowoc's Co-Curricular Code guides participation in all School District of Oconomowoc interscholastic athletics or extracurricular activities.

**Discipline Eligibility** - I have read the Oconomowoc Area School District's Co-Curricular Code and acknowledge the following (CHECK ONE):

There are no discipline issues as outlined in the co-curricular code that would lead to a restriction of my child's eligibility.

There are discipline issues as outlined in the co-curricular code that could lead to a restriction of my child's eligibility. I will work with the advisor/school staff to work through the appropriate discipline process.

**Academic Eligibility** - Per Wisconsin Statute 118.165(1)(d) home-based private education students must be participating in a program that provides a sequentially progressive curriculum of fundamental instruction in subjects listed below. The Oconomowoc Area School District's Co-Curricular Code requires a student to be passing all courses in order to participate in athletics or extracurricular activities. I understand I will need to provide this information to my school's Athletic Director Office at the end of each school district grading period regardless of whether or not my child is currently active in an athletic or extracurricular activity. Quarter and Mid-Term grade reports will also be required for actively participating students.

To determine Academic Eligibility fill in the grade received by student – A, B, C, D, F or Pass/Fail if letter grades are not applicable:

Subject	9 <sup>th</sup> – sem. 1	9 <sup>th</sup> – sem. 2	10 <sup>th</sup> – sem. 1	10 <sup>th</sup> – sem. 2	11 <sup>th</sup> – sem. 1	11 <sup>th</sup> – sem. 2	12 <sup>th</sup> – sem. 1	12 <sup>th</sup> – sem. 2
Reading								
Language Arts								
Mathematics								
Social Studies								
Science								
Health								
Elective:								

**Attendance Eligibility** - I have read the Oconomowoc Area School District's Co-Curricular Code and acknowledge all of the following (CHECK ALL):

My child has not previously attended high school in a setting other than home-schooling. If my child has previously attended high school in a setting other than home-schooling, I have verified with the Athletic Director of the school we are applying to attend my child's eligibility for competition.

My child has resided at the home address as listed on this application for the entirety of my child's high school career. If my child has not resided at the home address as listed on this application for the entirety of my child's high school career, I have verified with the Athletic Director of the school we are applying to attend my child's eligibility for competition.

Per the Co-Curricular Code I confirm that my child will attend class from 11:30am until the end of the school day for every day that my child is participating in practice, competition or attending a co-curricular activity. I understand that if my child is not in attendance for instruction my child is not eligible to participate in practice, competition or activity for that day. I understand that if my child will be absent a contact to the advisor/coach of the activity will be made prior to the practice, competition or activity for safety reasons. I will provide written documentation verifying proof of attendance for specific date(s), if requested.

**OCONOMOWOC AREA SCHOOL DISTRICT**  
**Athletic Department Health Information**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name & Address \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Name & Address \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

If an emergency situation occurs an ambulance will be called and your child will be transported to a medical facility. The EMS staff will transport your child to the hospital you've indicated if their condition permits. In case you cannot be reached, please indicate alternate people we may contact:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Hospital of Choice \_\_\_\_\_ Physician \_\_\_\_\_

Phone \_\_\_\_\_

Name of health insurance carrier \_\_\_\_\_

Subscriber # \_\_\_\_\_ File # \_\_\_\_\_ Effective Date \_\_\_\_\_

Does your child have any medical concerns?  Yes  No

If yes, please list:

Does your child currently take any medication?  Yes  No

If yes, please list:

Date of last tetanus toxoid: \_\_\_\_\_

**MEDICATION NOTICE:** Students may self-administer medication if they are responsible and if they understand what the medication is, what its intended action and side effects are, and when/how to take it. **Each medication container must be clearly labeled with the student's name, name of medication, dosage, frequency (specific times are preferable), how given, and physician's name. If your child will require adult help in taking their medication, written physician and parent statements are necessary to direct school staff on when and how the medication should be administered.** Please consult with the school nurse for assistance in this area.

**EMERGENCY TREATMENT RELEASE:** As a parent or guardian, I authorize the treatment of the student named on this card by a qualified and licensed medical doctor in the event of a medical emergency. This authority is granted only after a reasonable effort has been made to reach me. I agree to assume responsibility for expenses incurred in the handling of this emergency.

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

\_\_\_\_\_  
Date

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

## WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION – ATHLETIC PERMIT CARD

(Print or Type)

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

Physical examination taken April 1 and thereafter is valid for the following two school years; physical examination taken before April 1 is valid only for the remainder of that school year and the following school year.

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ City \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone \_\_\_\_\_

Cleared without restriction       Cleared, with the following qualifications: \_\_\_\_\_

Not cleared       Pending further evaluation       For all sports       For certain sports: \_\_\_\_\_

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician (Print/Type) \_\_\_\_\_

**SIGNATURE OF LICENSED PHYSICIAN (MD OR DO)/PA/APNP\*:** \_\_\_\_\_

Clinic Name \_\_\_\_\_

Address/Clinic \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Examination \_\_\_\_\_

\* Physicians may authorize Nurse Practitioners to stamp this card with the physician's signature or the name of the clinic with which the physician is affiliated.

Parents' Place of Employment \_\_\_\_\_

Family Physician \_\_\_\_\_ Family Dentist \_\_\_\_\_

Name of Private Insurance Carrier \_\_\_\_\_ Telephone \_\_\_\_\_

Subscriber Member Name (Primary Insured) \_\_\_\_\_

### Emergency Information

Allergies \_\_\_\_\_

Other Information (medication, etc.) \_\_\_\_\_

Immunizations     Up to date (see attached documentation)     Not up to date - specify \_\_\_\_\_

(e.g., tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved interscholastic sports except those restricted on this card.
2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_