

**Office of Catholic Schools - Diocese of Madison  
ALTERNATE YEAR ATHLETIC PERMIT CARD**

Name \_\_\_\_\_  
Grade \_\_\_\_\_  
Age \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Place (County and State) \_\_\_\_\_  
Family Physician \_\_\_\_\_  
Family Dentist \_\_\_\_\_  
Name of Private Insurance Carrier \_\_\_\_\_  
Policy Number(s) \_\_\_\_\_

I hereby give my permission for the above named student to compete and represent his/her school in sports. I further agree to be financially responsible for the safe return of all athletic equipment issued to the student.

I also attest to the fact that the above named student has not been hospitalized or suffered any serious illness or injury since the time of his/her last physical examination.

Note: If the above named has suffered an injury, illness, or has been hospitalized for any reason since the date of his/her last examination - PLEASE DO NOT SIGN THIS CARD. THIS STUDENT MUST BE RE-EXAMINED.

Another examination card should be obtained from the school.

PARENT: if you are unsure of the seriousness of illness or injury, consult your family doctor.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE AND/OR PARTICIPATION.

05/05