



ATHLETIC PERMIT CARD

Physical examination taken January 1, 2018 and after is valid for 2018 and 2019 OCYF season.

Sport Participating in: Oak Creek Youth Football – TACKLE

Participant’s Last Name _____ First Name _____ MI _____

Date of Birth _____ Age _____ Gender _____ Grade (September 2018 through June 2019) _____

School Name _____ School City _____

Parent/Guardian’s Name _____

Present Address _____ City _____

Parent / Guardian Phone _____ Parent/Guardian Alt. Phone _____

- Clearance options: Cleared WITHOUT restrictions to play Tackle Football, Cleared with FOLLOWING QUALIFICATION(S), NOT Cleared for Tackle Football, PENDING FURTHER EVALUATION

I have examined the above named participant and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in TACKLE FOOTBALL, as referenced above. A copy of the physical exam is on record in my office and can be made available to the league at the request of the parents. If conditions arise after the athlete has been cleared for participation, the 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) _____ DATE OF EXAMINATION _____

SIGNATURE OF LICENSED PHYSICIAN / PA / APNP** _____

Address/Clinic: _____ Telephone: _____

City/State /Zip _____

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.

- 1. I hereby give my permission for the above named participant to practice, compete and represent OCYF in TACKLE FOOTBALL
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 participate name above, including emergency medical personnel and other similarly trained professionals that may be attending a practice or competition, to disclose/exchange essential medical information regarding the injury and treatment of this participate to appropriate OCYF representatives such as but not limited to: Safety Director, President, Vice-President, Head Coach, and/or other professional health care providers, for the purposes of treatment, emergency care and injury record-keeping.
3. It is recommended that information regarding your child’s allergies and prescribed medication be made available and updated, if necessary.

Signature Parent/Guardian _____ Date _____

Only authentic OCYF Athletic Permit Card or WIAA Athletic Permit Card will be accepted.
Athletic permit must be on file prior to July 1st, 2018. Failure to do so may result in player not playing in the 2018 season.
Upload completed form to participant’s Sport Engine account or it can be faxed to 414-921-5657.
For questions, contact Safety Director, Amy Surma, at asurma@att.net.