WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD SCHOOLYEAR 20______ - 20______

| Physical L |)ate | | | | |
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| NAME | Last | First | G Middle Initial | RADE | DATE OF BIRTH |
| Present Ad | | | | | Telephone |
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| Name of Pr | rivate Insurance Carrier | | | | |
| Policy Num | bers and Address | | | | |
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| PARENT: | If there is any question | that this student may not be qualified | for athletic competition without, at | least, a partial | re-evaluation, contact your medical advisor before signing card. |
| SIGNATURE | OF PARENT | | | DATE | |
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| Present Ad | dress | | | | Telephone |
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