

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

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place (County and State) \_\_\_\_\_

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 him-her).

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. If the above has suffered any of the above or has been hospitalized for any reason since the date of his/her 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 with 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.

8/01

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