



Parks, Recreation & Forestry Dept., 108 W. Main Street, Little Chute, WI 54140 (920) 423-3869

May 7, 2025

Dear Football Parents,

We are starting to make plans for our **fall Jets Tackle Football Program** which consists of a 6<sup>th</sup> Grade Team, 7<sup>th</sup> Grade Team, and 8<sup>th</sup> Grade Team. Our teams are a part of a league that does not encourage the “winning is everything” or “win at all costs” philosophy. This level of competition is intended to be a safe and fun experience for the players and coaches. All reasonable efforts are made to include all players in each game.

**If your child is interested in playing Jets Tackle Football this fall, please read through all the paperwork in this packet. There will be a mandatory parent/player meeting with the coaches on Sunday, May 18 at 7:00pm in the Village Hall Community Room (108 W. Main St. – enter building from Grand Ave entrance). Mark your calendar to attend this important meeting.** Prior to the meeting, any family that would like to turn in their child’s completed jets football registration form and player fee can do so, but it is not a requirement.

**In order for your child to play Jets Football this fall, all required paperwork (registration form & fee, new baseline concussion test verification, and physical exam card or alternate year athletic permit card) must be completed BY THE FRIDAY, JULY 25 DEADLINE.** Players with missing items after the noted deadline will not be permitted to practice with their team until the missing items are received and staff have time to enter information into files.

We are very proud of our Jets Football program, and we are looking ahead to a fine season. If you have any questions, please feel free to contact me by phone or email.

*John McDonald*



**Director, John McDonald**

Village of Little Chute  
Parks, Recreation & Forestry Dept  
108 W Main St., Little Chute, WI 54140



(920) 423-3868 |



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# 2025 LITTLE CHUTE JETS FOOTBALL PROGRAM

## **REGISTRATION INFORMATION**

In order for your child to participate in the Jets Football this fall, **you must return the completed player registration form, payment, physical card or alternate year athletic year card, and baseline testing verification by the Friday, July 25 deadline.** Registration fee helps cover some costs associated with the equipment, first aid supplies, officials, and buses. Players also participate in a fundraiser with the LC Gridiron. Please remember that players missing any required paperwork will NOT be permitted to practice with team until missing items turned into the proper location, staff has time to enter form in their files, and Park & Rec notifies coach of clearance *(parent cannot tell coach they just turned it in).*

## **CONCUSSION AND HEAD INJURY INFORMATION SHEET**

WI State Statue 118.293 requires us to educate our athletes, parents & coaches on the risks of concussions and head injuries. **Parents and players must read the enclosed Concussion and Head Injury Information sheet and then complete the required area on the Registration Form to acknowledge reading it.** Law requires immediate removal from athletic activity if symptoms indicate a possible concussion has been sustained. Player may not participate again until they are evaluated by a health care provider & received written clearance from the health care provider to return.

## **SUDDEN CARDIAC ARREST INFORMATION SHEET**

WI State Statue 118.2935 requires us to educate our athletes, parents & coaches on the rare risks of cardiac arrest in young athletes. **Parents and players must read the enclosed Sudden Cardiac Arrest Information sheet and then complete the required area on the Registration Form to acknowledge reading it.**

## **ANNUAL BASELINE TESTING REQUIREMENT**

All players are required to have a baseline concussion test EVERY YEAR. Three testing dates are scheduled at Little Chute Village Hall - 6/8, 7/13 & 7/23. Cost for baseline test is \$10. **REGISTER YOUR CHILD NOW FOR THEIR TEST!** (Go to <https://ascension-wi.redpodium.com/little-chute-jets-concussion-baseline-testing> – scroll down to see all test date options at Little Chute Village Hall for jets football players, then click circle next to date & time you want to select, then scroll down to end all the required athlete/parent/payment info (if child does not show for their test date, you must reregister and pay fee again)

## **PHYSICAL REQUIREMENTS AND FORMS**

WIAA requires that all athletes at middle school level have a physical every other year to participate in sports. **IF YOUR CHILD NEEDS A PHYSICAL THIS YEAR, CALL YOUR DOCTOR'S OFFICE NOW TO SCHEDULE APPOINTMENT.**

Most doctor's offices push physical appointments out a couple months, and it may be hard to get a summer physical appointment. If your child has never had a sports physical or they are due for one this year, call your doctor's office NOW.

In this packet is the current WIAA Physical Examination Forms (4 pages total, with the last page being the Exam Card filled out by the child's doctor and then returned to LC High School Office) as well as the Alternate Year Athletic Year Permit Card (filled out by a parent and returned if their child has a valid physical form on file with LC High School Office from previous year). If you are unsure of your child's physical requirement status, contact LC Park & Rec at (920)423-3869 and we will check master file. *Helpful Note: If child's last physical was before 4/1/23, then they need a new physical. If child's last physical was between 4/1/24 and 3/31/25, then parent completes Alternate Year Athletic Permit Card (as long as valid physical from previous year is on file).*

## **FOOTBALL EQUIPMENT**

All registered players will be provided with a helmet, shoulder pads, game pants, practice jersey, and colored mouthguard on Monday, August 11 equipment handout day. If you prefer to purchase a formed mouthguard from your child's dentist, league rules state that all mouthguards must be colored (we use navy blue). Prior to first game, all players will be provided with game jersey. All football equipment provided to players, excluding mouthguard, must be returned clean and dry on the assigned equipment hand-in day after the season is done. **Football/soccer shoes must be purchased by each family** – cleats must be plastic molded or plastic detachable (screw-in); they must not be made of metal or have metal tips. If the player want to wear gloves, they must purchase on their own and they must have NFHS/NCAA approved tag on them.

## **PRACTICES/GAMES**

Players and parents will have a short meeting with the coaches at 6:00pm on Monday, August 11. All players will have practice at Van Lieshout Park starting the evening of Tuesday, August 12. Team practices are held weekdays starting at 5:00pm and run 90 minutes in length (coaches will inform players of any changes with practice time). All team home games will be played on the LC High School Football Field. Please note that this is an admission fee charged for entrance to all home and away games. The season will end in mid-October with a year-end football banquet.

# 2025 JETS FOOTBALL REGISTRATION FORM

**Registration Requirements:** For child to participate in Jets Football this fall, you must return this completed registration form with payment (cash or check only) to LC Park & Rec, complete baseline testing verification, and turn in physical card or alternate year card to the LC High School Office by Friday, July 25 deadline.



Parents, Please Print Neatly!

<b>Player's Name:</b>			
<b>Player's Date of Birth:</b>		<b>Grade ENTERING Fall 2025 (circle):</b> 6 <sup>TH</sup> 7 <sup>TH</sup> 8 <sup>TH</sup>	
<b>Player Lives With (circle one):</b> both parents mom dad guardian			
<b>Mother's Name:</b>		<b>Mother's Date of Birth:</b>	
<b>Mother's Address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Mother's Phone#:</b>		<b>Mother's Email:</b>	
<b>Father's Name:</b>		<b>Father's Date of Birth:</b>	
<b>Father's Address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Father's Phone#:</b>		<b>Father's Email:</b>	

**HOME GAME VOLUNTEERS:** Parent volunteers are needed to help with the admission gate, concession stand, and sideline crew at each of our four home games this fall. Each jets family is asked to help work a shift at one of our home games. **All registered families will be sent an email in early August containing a Signup Genius link to ease the volunteer signup process.** Please watch for that email and signup to work a game.

## CONCUSSION & HEAD INJURY / SUDDEN CARDIAC ARREST INFORMATION *(must read sheets before signing)*

We hereby acknowledge having read included Concussion & Head Injury Information sheet about signs, symptoms and risks of a sport related Concussion. We acknowledge our responsibility to report any signs/symptoms to coach and parent.

We hereby acknowledge having read included Sudden Cardiac Arrest Information sheet about signs, symptoms & risks of sport related Sudden Cardiac Arrest. We acknowledge responsibility to report any signs/symptoms to coach and parent.

\_\_\_\_\_  
*Jets Player Signature*

\_\_\_\_\_  
*Mother's Signature*

\_\_\_\_\_  
*Father's Signature*

\_\_\_\_\_  
*Date Signed*

**WAIVER OF LIABILITY:** In consideration of your accepting my or my child's entry, I hereby, for myself, my child, and my or my child's heirs, executors, and administrators, agree to waive and release, hold harmless, indemnify, and defend the Village of Little Chute, and its representatives, officers, officials, employees, agents, and sponsors, from and against any and all liabilities, losses, damages, expenses, and costs (including attorneys' fees) arising, in any way, from my or my child's participation in an activity sponsored by the Village of Little Chute. This waiver and release is intended to be as broad as possible; and nothing in this waiver and release shall be construed as a waiver, replacement, or forfeiture of any other legal rights and defenses available to the Village of Little Chute under applicable law.

**MEDICAL EMERGENCY RELEASE WAIVER FOR MINORS:** In the event of a medical emergency, I authorize the Parks & Recreation staff to obtain treatment for my son/daughter or minor for which I am guardian.

**Parent Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## REGISTRATION FEE:

**\$75 per LC resident child**

**\$85 per Non-resident child**

## REGISTRATION DEADLINE:

**All required info due by 7/25**

*\* For Office Use Only \**

**DATE PAID:**

☐ *Verified signature areas*

Completed registration form and fee must be returned to:

Little Chute Park & Rec, 108 W. Main Street, Little Chute, WI 54140



# 2025 MEDICAL TREATMENT CONSENT FOR MINORS

***Players must return this completed form to their head coach by FIRST DAY of practice.***

*This form will be presented to the attending physician if your child is in need of emergency medical treatment during your absence. This form will prevent delay of treatment of your child due to lack of proper authorization. Individual hospitals may require additional authorization.*

Player's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child lives with (please circle):      both parents      mom      dad      guardians

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Date of Player's Last Tetanus Shot: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Special medical conditions, allergies, other medical information including medications and major illnesses:

\_\_\_\_\_  
\_\_\_\_\_

*I hereby authorize the treatment, administration of anesthesia and surgical treatment(s) for my minor child \_\_\_\_\_ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital and both physician and nursing personnel within the hospital as well as any physician where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, medical authorities, and physicians for performing medical procedures acting on the authority of this medical treatment consent form which are deemed necessary for my minor child.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

## Concussion and Head Injury Information

[Wis. Stat. § 118.293 Concussion and Head Injury](#)

**What Is a Concussion?** A concussion is a type of head (brain) injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly. Consequences of severe brain injury (including concussion) include problems with thinking, memory, learning, coordination, balance, speech, hearing, vision, and emotional changes.

**What are the signs and symptoms of a concussion?** You cannot see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how you as an athlete or your child or teen is acting or feeling, if symptoms are getting worse, or if you/they just “don’t feel right.” Most concussions occur without loss of consciousness.

If the child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

**These are some SIGNS of concussion (what others can see in an injured athlete):**

- Dazed or stunned appearance
- Unsure of score, game, opponent
- Clumsy
- Answers more slowly than usual
- Shows behavior or personality changes
- Loss of consciousness (even briefly)
- Repeats questions
- Forgets class schedule or assignments

**These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):**

- Headache
- Nausea or vomiting
- Dizzy or unsteady
- Sensitive to light or noise or blurry vision
- Difficulty thinking clearly, concentrating, or remembering
- Irritable, sad, or feeling more emotional than usual
- Sleeps *more* or *less* than usual

**Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injury occurred.**

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it is OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

**If you or your child or teen has signs or symptoms of a concussion**

Seek medical attention right away. A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe to return to normal activities, including physical activity and school (concentration and learning activities).

After a concussion, the brain needs time to heal. Activities may need to be limited while recovering. This includes exercise and activities that involve a lot of concentration.

Information adapted from the [Centers for Disease Control and Prevention's \(CDC\) Heads Up Safe Brain. Stronger Future.](#)

For more information view the [CDC's Heads Up to Youth Sports webpages for athletes, parents, and coaches.](#)

## Sudden Cardiac Arrest Information

[Wis. Stat. § 118.2935 Sudden cardiac arrest; youth athletic activities](#)

Sudden cardiac arrest (SCA), while rare, is the leading cause of death in young athletes while training or participating in sport competition. Even athletes who appear healthy and have a normal preparticipation screening may have underlying heart abnormalities that can be life-threatening. A family history of SCA at younger than age 50 or cardiomyopathy (heart muscle problem) places an athlete at greater risk. **Athletes should inform the healthcare provider performing their physical examination about their family's heart history.**

**What is Sudden Cardiac Arrest?** Cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain, lungs, and other vital organs.

**Cardiac arrest usually causes death if it is not treated with cardiopulmonary resuscitation (CPR) and an automated external defibrillator (AED) within minutes.**

Cardiac arrest is not the same as a heart attack. A heart attack occurs if blood flow to part of the heart muscle is blocked. During a heart attack, the heart usually does not suddenly stop beating. In cardiac arrest the heart stops beating.

**What warning signs during exercise should athletes/coaches/parents watch out for?**

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain/tightness with exertion
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)

**Speak up and tell** a coach and parent/guardian if you notice problems when exercising.

If an athlete has any warning signs of SCA while exercising, they should **seek medical attention and evaluation from a healthcare provider before returning to a game or practice.**

The risk associated with continuing to participate in a youth activity after experiencing warning signs is that the athlete may experience SCA, which usually causes death if not treated with CPR and an AED within minutes.

***Stop activity/exercise immediately if you have any of the warning signs of Sudden Cardiac Arrest.***

**What are ways to screen for Sudden Cardiac Arrest (SCA)?**

[WIAA Pre-Participation Physical Evaluation](#) – the Medical History form includes important heart related questions and is required every other year. Additional screening using an electrocardiogram and/or an echocardiogram may be done if there are concerns in the history or physical examination but is not required (by WIAA). Parents/guardians/athletes should discuss the need for specific cardiac testing with the medical provider performing the review of family history and physical evaluation or after experiencing warning signs of sudden cardiac arrest while exercising. The cost of the pre-participation physical and any follow up examinations or recommended testing including an electrocardiogram is the responsibility of the athlete and their parents/guardians. **Not all cases or causes of SCA in young athletes are detected in the history, examination, or with testing.**

**What is an electrocardiogram, its risks, and benefits?** An electrocardiogram (ECG) is one of the simplest and fastest tests used to evaluate the heart. Electrodes (small, plastic patches that stick to the skin) are placed at specific spots on the chest, arms, and legs. The electrodes are connected to an ECG machine by wires. The electrical activity of the heart is then measured, interpreted, and printed out. No electricity is sent into the body. Risks associated with having an ECG are minimal and rare. The benefits include that it
















is an easy procedure to do, can be performed in many health care offices and it may detect heart conditions in children with no symptoms. **ECGs are good at detecting certain heart conditions that may increase risk for SCA but may not detect all such conditions.** If not performed correctly the information is not valid and may lead to more (unnecessary) testing and further examinations. ECGs should be interpreted by experts in reading ECGs in children (i.e., pediatric cardiologists). For more information, [view the Johns Hopkins Medicine - Electrocardiogram website](#).

**How may a student athlete and parent/guardian request the administration of an electrocardiogram and a comprehensive physical examination?** Athletes participating in WIAA sports are required to have a physical examination and review of family history every other year. Other youth sports have similar requirements. Although the cost of these medical examinations is the responsibility of the athlete's family many school districts can assist students to find low cost or no cost ways to obtain these examinations. Athletes should contact their school athletic director if they need assistance in getting an examination. If an athlete has risk factors, family history of heart disease, or has had warning signs associated with sudden cardiac arrest while exercising, they should tell the medical provider performing the history and physical examination and discuss the possible need for an electrocardiogram.

# 2025 LITTLE CHUTE JETS FOOTBALL SCHEDULE

*REMINDER: All players must have their registration form, player fee, and baseline testing turned into the Park & Rec Dept by the Friday, July 25 deadline. Physical forms and alternate cards must be turned in to LC High School Office by July 25. Jets players without all the required paperwork turned in WILL NOT BE ALLOWED TO PRACTICE WITH THEIR TEAM.*

	<b>MONDAY, AUGUST 11 — Equipment Handout at Van Lieshout Rec Center</b> 8th grade at 9:00am / 7th grade at 10:00am / 6th grade at 11:00am
	<b>MONDAY, AUGUST 11— Player &amp; Parent Mtg with coaches at VanLies.Park</b> Everyone will meet at park shelter from 6:00-6:45pm for season meeting with all coaches.
	<b>TUESDAY, AUGUST 12 — First Day of Practice at Van Lieshout Park</b> All grades meet at park shelter at 5:00pm. Practices normally last 90 minutes. 8/12, 8/13, 8/14 = Helmets Only      8/19 & 8/20 = Helmets & Pads Only      8/21 = Full gear
	<b>MONDAY, AUGUST 25 — Menasha at Little Chute (played on LCHS)</b> 6th grade at 4:30pm      7th grade at 5:45pm      8th grade at 7:00pm
	<b>WEDNESDAY, SEPTEMBER 3 — Little Chute at Freedom HS</b> 6th grade at 4:30pm      7th grade at 5:45pm      8th grade at 7:00pm
	<b>TUESDAY, SEPTEMBER 9 — Little Chute at Kimberly (JR Gerrits Field)</b> 6th grade at 4:30pm      7th grade at 5:45pm      8th grade at 7:00pm
	<b>TUESDAY, SEPTEMBER 16 — Neenah at Little Chute (played on LCHS)</b> 6th grade at 4:30pm      7th grade at 5:45pm      8th grade at 7:00pm
	<b>TUESDAY, SEPTEMBER 23 — Little Chute at Kimberly (JR Gerrits)</b> 6th grade at 4:30pm      7th grade at 5:45pm      8th grade at 7:00pm
	<b>TUESDAY, September 30 — Kaukauna at Little Chute (played on LCHS)</b> 6th grade at 4:30pm      7th grade at 5:45pm      8th grade at 7:00pm
	<b>TUESDAY, OCTOBER 7— Little Chute at Neenah (Rocket Stadium)</b> 6th grade at 4:30pm      7th grade at 5:45pm      8th grade at 7:00pm
	<b>TUESDAY, OCTOBER 14 — Kaukauna at Little Chute (played on LCHS)</b> 6th grade at 4:30pm      7th grade at 5:45pm      8th grade at 7:00pm
	<b>SUNDAY, OCTOBER 19 — Annual Jets Banquet at Tanner's in Kimberly</b> Tickets must be purchased in advance from the Park & Rec. There will be a ticket order limit per family. No tickets will be sold at the door. Tickets can be purchased from 10/1 through 10/13 only.
	<b>MONDAY, OCTOBER 20 — Equipment Return at Van Lieshout Rec Center</b> Return gear 3:00pm to 5:00pm. All equipment must be clean and dry.

Neenah — games played at Neenah Middle School, 1275 Tullar Rd., Neenah, WI 54956

Kimberly — games played at JRG Middle School, 545 S. John Street, Kimberly, WI 54136

Kaukauna — 6th & 7th grade plays at Bayougeon Field, 812 Dodge St., Kaukauna, WI 54130  
— 8th grade plays at Kaukauna High School, 1701 Cty Rd CE, Kaukauna, WI 54130



Please call the Little Chute Rec Dept at (920)423-3869 with any questions/concerns.



## ■ PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

#### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

**Complete this form and take to child's medical appointment with doctor.  
Form stays in child's medical file or info electronically entered in file.**



## ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

Complete this form and take to child's medical appointment with doctor. Form stays in child's medical file or info electronically entered in file.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

# ■ PREPARTICIPATION PHYSICAL EVALUATION MEDICAL ELIGIBILITY FORM

**\*\*Parents - if your child is due for a physical this year, in order for them to play Jets Football this completed "Medical Eligibility Form" must be completed & signed by your child's doctor. Form then must be returned to LC High School Office by Friday, July 25 deadline.\*\***

## 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 assigned at birth (F, M or intersex) \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ City \_\_\_\_\_

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

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

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

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical exam findings are 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, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of health care professional (Print/Type) \_\_\_\_\_

SIGNATURE OF HEALTH CARE PROFESSIONAL (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 \_\_\_\_\_

Medications \_\_\_\_\_


Other Information \_\_\_\_\_

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 \_\_\_\_\_

 **Parents – If your child already has a valid physical form (from 4/1/24 to 3/31/25) on file with the LC High School Office, then all that needs to be completed in order for them to play Jets Football is this “Alternate Year Card”. A parent must complete this form and return it to LC High School Office by Friday, July 25 deadline**

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**WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD**

Physical Date \_\_\_\_\_ SCHOOL YEAR 20 \_\_\_\_\_ - 20 \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Last First Middle Initial

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

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

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

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

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

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved sports.
2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
3. 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.
4. It is recommended that information regarding your child's allergies and prescribed medication be made available.

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 \_\_\_\_\_

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

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## ALTERNATE YEAR ATHLECTIC PERMIT CARD

### Alternate Yar Athletic Year Permit Card Note

*This card is **ONLY** filled out by a parent if their child has a valid physical form on file with the LC High School Office from previous year. If you are unsure if your child's physical requirement status, contact Park & Rec at (920) 423-3869 and we will check master file.*

***Helpful Note:** If child's last physical with their doctor was between 4/1/24 and 3/31/25, the parent completes this Alternate Year Athletic Permit Card (as long as valid physical from pervious year is on file with the school). If child's last physical was before 4/1/24, then they need to see their doctor and have a new sports physical*