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

	te			GRADE	DATE OF BIRTH
		First	Middle Initial		
					Telephone
Family Physic	cian		Family Dentist		
Name of Priva	ate Insurance Carrier				Telephone
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SIGNATURE OF	PARENT		·		DATE
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Physical Da	WISC0	SCI	THLETIC ASSOCIATION HOOL YEAR 20	ALTERNATE Y	EAR ATHLETIC PERMIT CARD
NAME			·	GRADE	DATE OF BIRTH
Present Addr	ess			· · · · · · · · · · · · · · · · · · ·	Telephone
Family Physic	cian			Family Dentist _	
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Physical Da	WISCO	SC	THLETIC ASSOCIATION		EAR ATHLETIC PERMIT CARD
•			•	GRADE	DATE OF BIRTH
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Present Add	ress				Telephone
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					DATE
ALL STI	UDENTS PARTICIPATING	IN INTERSCHOLASTIC ATHLETICS	MUST HAVE THIS ALTERNATE	YEAR CARD ON F	ILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION