

Alternate Year Letter  
**TREMPER SENIOR HIGH SCHOOL**  
8560 – 26<sup>th</sup> Avenue  
Kenosha, WI 53143  
262-359-2200

## **Tremper Trojan Athletics**

### **Physical Athletic Forms**

Hello and welcome to the Athletic Department of George Nelson Tremper High School in Kenosha, Wisconsin. If you or someone you know is interested in becoming a member of one of our athletic teams, the following information must be completed in full and returned to the Athletic Department office, Room 146 (located directly across from the Home Court/School Store). Please take the time to read it and all the forms entirely before completing them. I hope that you will find this letter helpful in the process. Thank you.

- I. **Emergency Information Card.** This card needs to be completed in full. It accompanies a coach to every away game and serves us with emergency contact information. This card needs to be kept up to date at all times. Should something change, please make these corrections immediately. **This card is required NEW for each and every sport change.** Example: If you complete one in the fall, you will need to do another for the winter season!
- II. **Athletic Alternate Year.** This is the required form needed for participation in a sport. This is the form that is used **ONLY** if there is a current physical on file. It also requires THREE parent/guardian signatures. One on the front page, under *Wisconsin Interscholastic Athletic Association-Athletic Permit*. The other two are on the back page, *under Section 2: Athletic Code of Conduct* and the other under *Section 3: Notification of Risk*. All three require the date of the signature as well.
- III. **Athletic Code of Conduct.** This form explains the philosophy of athletics within the Kenosha Unified School District #1 and the standards of the Wisconsin Interscholastic Athletic Association. It covers violations of the code, and their consequences, including the appeal process. It is required reading and discussion for both the athletes and their parent/guardians. Failure to read this document will not relieve the infraction nor the consequences imposed upon the athlete. Your signature in Section 3 acknowledges that both you and your athlete have read and agree to comply with the code. The yellow pages themselves should be removed by the athlete and placed with their other valuable school papers for any additional reference.
- IV. **\$55.00 Athletic User Fee.** This is the fee associated with participation in the designated seasonal sport. To eliminate refunding, **it is collected only after final cuts have been made, but before the first game, match, or meet has been played!** It too needs to be made in the form of a check (PLEASE), made payable to Tremper Athletics and will be acknowledged with a receipt returned to the student athlete. There is a maximum of \$110 per student and a maximum of \$220 per family per school year.
- V. **Permit to Practice.** This is the final step in the registration process and is given directly to the Head Coach of the particular season's sport. It is not given to the athlete! Generally, it includes any receipts that should be given to the athlete acknowledging any fees paid. It signifies that the student athlete has completed all the necessary forms, paid all required fees, and has no outstanding obligations regarding violations of the Code of Conduct.

Should questions arise that I could be of some assistance with, please give me a call at Tremper, 359-2307, and I will try to answer them.

Respectfully,

John Matera  
Athletic Director  
**Tremper High School**





PLEASE PRINT

ATHLETIC DEPARTMENT  
KENOSHA UNIFIED SCHOOLS  
EMERGENCY INFORMATION

School: \_\_\_\_\_

Sport: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parents/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parents Place of Employment (Father) \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parents Place of Employment (Mother) \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Orthopedic Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_ In an emergency, if parents  
cannot be reached, please notify: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Our family health and accident insurance policy is with \_\_\_\_\_ Company.

The team trainer and coach may apply first-aid treatment until the family physician can be contacted and we further give our consent for coaches, trainers, and team physicians to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached: YES: \_\_\_\_\_ NO: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Side 2

Player Information: Playing Experience: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Locker No.: \_\_\_\_\_ Combo: \_\_\_\_\_

**INJURY INFORMATION**

Previous Chronic Injuries: \_\_\_\_\_

Operations: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dates of Injuries: \_\_\_\_\_

First Aid Treatment Given: \_\_\_\_\_

Diagnosis by Physician: \_\_\_\_\_

Treatment and Rehabilitation Used: \_\_\_\_\_

Date Approved for Practice: (letter or notice from physician required): \_\_\_\_\_