



**Department of Physical Education and Athletics**

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**PACKET IS REQUIRED TO BE COMPLETED YEARLY FOR ALL UW-RICHLAND SPORTS.**

## University of Wisconsin Colleges Athletic Medical Certification

The University of Wisconsin Colleges requires that all individuals provide written proof that they are physically qualified to participate in intercollegiate athletics.

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\* I, Doctor \_\_\_\_\_ (Medical Doctor) certify  
that \_\_\_\_\_ is physically qualified to participate in intercollegiate  
athletics for the 20\_\_\_\_ - 20\_\_\_\_ academic year.

\_\_\_\_\_ (Doctor's signature)

\_\_\_\_\_ (Doctor's printed name)

\_\_\_\_\_ (Doctor's address)

\_\_\_\_\_ (Date)

\* *Note to physician: The University of Wisconsin assumes that you have recently examined this individual, and that this medical examination is the basis for your certification.*

**A Member of the Wisconsin Collegiate Conference**

# UW-Richland

## Insurance Information Sheet

I, \_\_\_\_\_, understand that many of the activities of intercollegiate sports involve substantial risk of injury; that the conference and University does not and may not provide medical insurance covering such injuries and have, accordingly, been encouraged and am hereby encouraged to secure adequate insurance protection.

I am insured by:

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

\_\_\_\_\_ Subscriber Number

Parents' Name: \_\_\_\_\_

Parents' Phone: \_\_\_\_\_

Person to contact in case of emergency:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## UW-Richland

### Campus Athletic Code and Policies

Developed and Approved by the UW-Richland Athletic Board

As a member of the UW-Richland athletic program, I understand:

1. That my conduct upon the University Campus, its faculty and my classmates, as well as upon the community, myself and family and friends. I will try, therefore, to conduct myself in a mature and socially acceptable manner.
2. That no individual who uses profane or obscene language as a common occurrence will be allowed to represent the campus in athletics.
3. That I am expected to arrive at all practice sessions and games in the best possible physical and psychological condition.
4. That the members of this varsity team are expected to remain together as a group while enroute to or home from games, while in a restaurant, etc. The only exception would be if I were traveling with parents to or from games.
5. That policies regarding the drinking of alcoholic beverages, smoking and attendance at practice sessions will be determined by the coach of each individual sport. No drinking of alcoholic beverages while riding in university vehicles is a rule for all.
6. That my coach has the responsibility and authority to take disciplinary action that I violate the aforementioned codes.
7. That should I disagree with the decision rendered *by my coach*, I have the right decision to the appropriate University committee (probably the Athletic Board.)
8. That all athletes will be urged to do their best in maintaining a scholastic average and to display a common sense attitude in their conduct throughout the campus.

I, \_\_\_\_\_ have read the rules and understand that any violation of said rules could result in disciplinary action by the coaching staff or Athletic Department of UW-Richland.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Wisconsin Collegiate Conference  
Student – Athlete Code of Conduct**

The Wisconsin Collegiate Conference provides opportunities for students attending its member schools to participate in intercollegiate athletic contests. This is a service provided by member schools for the overall benefit of the students. Participation is therefore a privilege available to students, not a right. As such, it is imperative that the students choosing to participate in intercollegiate athletics represent the member schools in a positive manner that helps to maintain or improve the image of the member schools within their respective communities. In keeping with that goal, the following items make up the code of conduct that student-athletes are expected to follow.

- I. The main objective for student-athletes in the WCC is to obtain a quality education that will provide opportunities in the future. Accordingly, student-athletes are expected to maintain a high scholastic average and display leadership in classroom attendance and participation.
- II. The WCC eligibility standards will dictate the academic requirement necessary for participation. A student-athlete must carry a minimum of 9 credits and maintain a GPA of 1.5 for the first semester and a cumulative GPA of at least 1.75 for each semester thereafter.
- III. Trash talking in any manner including profanity, obscene, racial, or sexual language or gestures, and physical or verbal assault have no part in an athletic program and will not be tolerated. The coach for the individual is responsible to uphold a zero tolerance policy.
- IV. Attention to dress and grooming will be stressed. Team members will be expected to keep themselves and their attire clean and neat at all times, but especially when representing their school away from campus. The individual coach shall make the ultimate decision as to whether the particular grooming of athletes is in interference to their best performance or that of fellow athletes.
- V. Each coach and/or Athletic Director will determine policies regarding attendance at practice and protocol for game days. There will be no use of tobacco products, drinking of alcoholic beverages, or use of illegal drugs in connection with any varsity athletic event. This includes travel, overnight, and at the contest. Conference & WJCAA sponsored events along with all intercollegiate competition is covered by these rules. As stated in the Student Rights and Regulations handbook, "Violation of these provisions by a student may lead to the imposition of a disciplinary sanction, up to and including suspension or expulsion, under s. UWS 17.03(l)(b), Wis. Adm. Code."
- VI. Student-athletes are expected to take pride in their team, their coaching staff, their campus, and their community. It is expected that student-athletes will be team oriented and will strive for the success of the team over individual success.

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Signature of Student-Athlete

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Date



**WISCONSIN COLLEGIATE CONFERENCE  
"HOLD HARMLESS AGREEMENT"**

The undersigned hereby acknowledges that he/she understands that participation in any intercollegiate sport at the University of Wisconsin-\_\_\_\_\_ is purely voluntary. The undersigned hereby releases the WCC, The University of Wisconsin-\_\_\_\_\_ and the University of Wisconsin Board of Regents, its successors, assigns, officers, agents, and employees from any and all claims, demands, and causes of action whatsoever in any way growing out of or resulting from the undersigned student's participation in the activities of

\_\_\_\_\_ (Sport/Cheerleading/Dance Team)

The undersigned further understands that many of the activities of such intercollegiate sports involve substantial risk of injury; that the Conference and University does not and may not provide medical insurance covering such injuries and the undersigned has, accordingly, been encouraged and is hereby encouraged to secure adequate insurance protection.

If the undersigned is married and/or a minor, then the signature of the spouse, parent, or guardian appearing in the space indicated below signifies acceptance by said spouse, parent or guardian that the terms and conditions hereof shall be binding upon them and shall constitute a release by them of any and all claims, demands and causes of action whatsoever which they or any of them may have against the Conference or this institution, its successors, officers, agents or employees as a result of the undersigned student's participation in the activities described.

This \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

Age: \_\_\_\_\_ Marital Status \_\_\_\_\_  
(S=single M=Married)

\_\_\_\_\_  
Athlete's Signature

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

\_\_\_\_\_  
Parent or Guardian (if student is under age 18)

\_\_\_\_\_  
Spouse (if student is married)

**PERMISSION TO TREAT**

I, \_\_\_\_\_, give my permission for emergency medical treatment in the event of an illness, accident, or injury.

\_\_\_\_\_  
Student/Athlete's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(if under 18 years of age) \_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature \_\_\_\_\_  
Date

**ATHLETIC TRAVEL HOLD HARMLESS AGREEMENT**

I, \_\_\_\_\_, assume full responsibility for my travel  
(Student Print Name)  
to and from my campus when I elect to travel separately from the team or do not use transportation provided by the campus. I hereby release the University of Wisconsin Board of Regents and all its employees, officers, and agents from any liability associated with such travel.

\_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date

If the athlete is under 18 years of age, this statement must be signed by his/her parent(s) or guardian. If the athlete is married it should be signed by the spouse, as well as the athlete.

\_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature \_\_\_\_\_  
Date

**UW-Richland**  
**Medical Information Form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Local Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone/other (specify): \_\_\_\_\_

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Parent/Spouse (circle one): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Spouse: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Spouse: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Person to contact in emergency: (if parent/spouse cannot be reached)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

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

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

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

Group/File Number: \_\_\_\_\_ Subscriber No: \_\_\_\_\_

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

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

Medical History: (include any current conditions, previous injuries, surgeries, etc.)

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

Contacts? Yes No Date of Last Tetanus: \_\_\_\_\_

**UW-Richland**  
**Athletic Data Sheet**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent(s) name(s), address, and telephone number:

\_\_\_\_\_

\_\_\_\_\_

High School: \_\_\_\_\_ Date of Graduation(month/year) \_\_\_\_\_

Year at UW-Richland (circle one):    Freshman                      Sophomore

Have you ever attended UW-Richland before?    Yes    No

If yes, when? \_\_\_\_\_

Have you ever attended any other college or university?    Yes    No

If yes, where (include dates of attendance)? \_\_\_\_\_

Have you ever participated on an intercollegiate athletic team?

Yes                      No                      If yes, what sport(s)? \_\_\_\_\_

Where (include dates and number of years)? \_\_\_\_\_

Previous athletic experiences, honors and awards (include high school, recreation league, legion, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you be employed while participating at UW-Richland?    Yes    No

If yes, where? \_\_\_\_\_

Please list work schedule below (if known):

List your class schedule below: