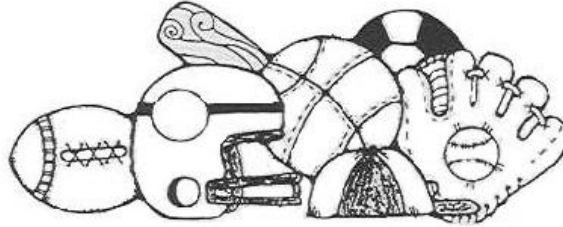


CHIMACUM SCHOOL DISTRICT ATHLETIC CONTRACT AND ELIGIBILITY FORM



DIRECTIONS

In order to participate in extracurricular activities the following must be completed and on file in the school office: **Eligibility Form; Current Sports Physical; Medical Emergency Authorization form; and Participation Fee Contract.**

STUDENT INFORMATION

Name:		Date of Birth:	Grade:
Address/City/Zip:			Home Phone:
School Year:	Fall Sports <input type="checkbox"/>	Winter Sports <input type="checkbox"/>	Spring Sports <input type="checkbox"/>
Guardian Name:		Work Phone:	Cell Phone:
Does student have a life threatening health condition OR health care plan on file?		YES	NO
Provide additional information if answered "YES" to the above question:			
List any allergies or other medical conditions:			

ACTIVITIES CODE OF CONDUCT

I hereby acknowledge that I have read a copy of the Chimacum School District Guide for Student Athletes. I understand that if I choose to violate any part of it, the consequences stated in the guide will be levied.

Parent/Guardian Signature

Date

Student Signature

Date

PARENT PERMISSION / INSURANCE / ASSUMPTION OF RISK

As a parent (guardian), I understand that it is required that my son/daughter be covered by medical and dental insurance while participating in school sponsored athletics. I recognize that in case of injury to my son/daughter, the cost of treatment is my responsibility. (Check one below)

	I have medical insurance. (List name of insurance company and policy number)
	I will purchase insurance through the school district. (Insurance forms are available in the school office and must be completed in order for student to participate.)

Participation in athletics in the Chimacum School District is a voluntary, extra-curricular activity that can result in an injury of some type. The severity of such injury can range from minor cuts, scrapes, muscle strains or broken bones to catastrophic injury such as complete paralysis or even death. No amount of reasonable supervision or training can completely eliminate the risk of possible injury. Your signature below indicates you have been advised of the information on this form and give your consent for participation.

I hereby give permission for the above named student to engage in athletics/activities in the Chimacum School District and for emergency medical care to be administered. My son/daughter is a member of a team which plans to use school transportation. The school assumes no liability beyond that of reasonable caution and care in conducting the trips. I give permission for my son/daughter to make these trips during the school year.

Parent/Guardian Signature

Date

ELIGIBILITY

TO THE PARTICIPANT: Please answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information. A participant, parent or guardian who provides the school with false information may result in the participant being declared ineligible from interscholastic competition for a period of one year.

Student is currently enrolled half-time or more.	YES	NO
Student is under 20 years of age.	YES	NO
Student resides in the boundaries of the Chimacum School District.	YES	NO
Student passed at least five (5) full time classes in the previous semester.	YES	NO
Student has passed current physical within twenty-four (24) months.	YES	NO
Are you transferring from another school? If yes, name of previous school:	YES	NO
Who do you live with?	Parents <input type="checkbox"/>	Legal Guardian <input type="checkbox"/> Other _____ <input type="checkbox"/>
This is the student's 1 st 2 nd 3 rd 4 th 5 th year of high school. (circle one)		

Parent/Guardian Signature

Date

Student Signature

Date