

SCHOOL YEAR _____	ASB _____	FINES _____	PHYS DATE _____
FALL	FB FP MGR		
WINTER #1	B BB DANCE MGR	WINTER #2	G BB WR MGR
SPRING	TRACK BA VB MGR		

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**TAHOMA SCHOOL DISTRICT JR HIGH / MIDDLE SCHOOL ATHLETIC PARTICIPATION FORM**

NAME \_\_\_\_\_ M \_\_\_ F \_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
 RESIDENCE (home address) \_\_\_\_\_ PHONE \_\_\_\_\_

**ATHLETIC ELIGIBILITY**

Please accurately answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information. A participant/parent/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.

- yes \_\_\_ no \_\_\_ The above student is under 20 years of age.
- yes \_\_\_ no \_\_\_ The above student resides within the boundaries of the Tahoma School District.
- yes \_\_\_ no \_\_\_ The above student resides with his/her parents / **legal** guardians.
- yes \_\_\_ no \_\_\_ The above student was in attendance in school at least 15 weeks of the previous semester.
- yes \_\_\_ no \_\_\_ The above student passed 4 classes during the previous semester.
- yes \_\_\_ no \_\_\_ The above student is presently enrolled in the Tahoma School District with a minimum of 4 full credit classes.

Is student: \_\_\_ Running Start \_\_\_ Home Schooled \_\_\_ Alternative School \_\_\_ Other: \_\_\_\_\_  
 Year entered Seventh (7<sup>th</sup>) grade \_\_\_\_\_

School attended last year: \_\_\_\_\_ From (Year) \_\_\_\_\_ To (Year) \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **date** \_\_\_\_\_

**PARENT CONSENT/ASSUMPTION OF RISK**

We hereby give our consent for our son/daughter to engage in interscholastic activities provided by the Tahoma School District unless disapproved by the examining physician. We also give our consent for the student to accompany the team on out-of-town trips. We have read, understand, and will comply with the Athletic Code of the Tahoma School District. This application to compete in interscholastic athletics in the Tahoma School District 409 is made with the understanding that eligibility rules and regulations of the state association have not been violated. Competitive athletics is a voluntary, extra-curricular activity and participation may result in sever injury, including paralysis or death. No amount of reasonable supervision or training can completely eliminate the risk of possible injury. **AS A CONDITION OF PARTICIPATION IN ATHLETICS, WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING STATEMENT.**

**Parent/Guardian Signature** \_\_\_\_\_ **date** \_\_\_\_\_

**STUDENT EMERGENCY INFORMATION**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_ PHYSICAL EXPIRES \_\_\_\_\_  
 RESIDENCE (home address) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
 HOME PH# \_\_\_\_\_ PERSON TO CALL IF INJURED \_\_\_\_\_ PH# \_\_\_\_\_  
 ALTERNATE PERSON TO CALL \_\_\_\_\_ PH# \_\_\_\_\_  
 PRIVATE DOCTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_ PH# \_\_\_\_\_  
 MEDICINE IN USE \_\_\_\_\_ MEDICINE ALLERGIC TO \_\_\_\_\_  
 HEALTH CONDITIONS COACH SHOULD BE AWARE OF \_\_\_\_\_  
 SCHOOL INSURANCE - YES NO PRIVATE INSURANCE CO. \_\_\_\_\_

**PERMISSION FOR MEDICAL TREATMENT**

In the event of an emergency requiring medical attention, we hereby grant permission to a physician or other hospital personnel designated by the Tahoma School District's Coaching Staff to attend our son/daughter. We expect every effort will be made to contact us in order to receive our specific authorization before any treatment or hospitalization is undertaken.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**MANDATORY ACCIDENT INSURANCE (check one)**

Option 1 \_\_\_\_\_ My son/daughter is currently enrolled in the Student Accident Insurance Program offered through the Tahoma School District.

Option 2 \_\_\_\_\_ My son/daughter is covered by the insurance listed below and I will continue to keep it in force throughout the sports season. If there are any changes in this status, I will contact the school to inform them of changes in insurance. The high school principal or designee is authorized to contact the company named below to verify coverage limitations. I accept full responsibility for the cost of treatment of any injury that my son/daughter may suffer while taking part in the program.

Name of Company Providing Insurance: \_\_\_\_\_

Policy or Group #: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ date \_\_\_\_\_

**MEDICAL EVALUATION REPORT**

Tahoma School District policy requires that:

- **Physicals are valid for 24 months from the date of the examination.** WIAA Rule 18.13.4
- **Physical expiration dates must extend beyond the respective WIAA season ending date.**
- **Expiration dates occurring within a sport season shall require a new examination prior to that season.**

**PHYSICIAN'S REPORT:**

**Date of Physical Examination:** \_\_\_\_\_

Clearance for FULL participation in Tahoma School District athletics: Yes \_\_\_\_\_ No \_\_\_\_\_

Physical limitations and/or recommendations \_\_\_\_\_

**WRESTLING:**

If \_\_\_\_\_ competes in wrestling he/she should not be allowed to wrestle at any weight less than  
student/athlete name 80,85,90,95,100,105,110,115,120,125,130,137,145,154,164,175,275 (please circle weight)

Medical Examiner's Name (print or type) \_\_\_\_\_ Phone Number \_\_\_\_\_ Clinic Address \_\_\_\_\_

**Medical Examiner's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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