

SNOHOMISH SCHOOL DISTRICT ATHLETIC ELIGIBILITY FORM

SCHOOL: _____

ATHLETE'S NAME: _____ (Please print clearly in pen)

Birth Date: _____ Age: _____ Home Phone: _____ Grade _____ Male/Female

Please check yes or no to the following questions: _____ (Circle One)

Yes No

- Are you currently living with your parents?
- Do you reside within the Snohomish School District?
- Are you enrolled in at least 5 classes at the above school?
- Did you pass at least 5 full-time semester classes last semester?
- Are you now or have you ever been a foreign exchange student?
- Have you repeated a grade or withdrawn from school at any time since entering 7th grade?
- Did you receive an attendance variance to attend this school?
If yes, what is your neighborhood school? _____
- Did you transfer from another school during the past two school years?
If yes, were you under any conditions of ineligibility when you left your previous school? _____

List all schools that you have attended during the past two school years: _____

PARENT'S NAME(s): _____

Address: _____ City: _____ Zip: _____

Father's Employer: _____ Business Phone: _____

Mother's Employer: _____ Business Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

I hereby request that my child be permitted to participate in: _____

(Fall Sport) (Winter Sport) (Spring Sport)

WARNING AND AGREEMENT TO OBEY INSTRUCTIONS: I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving many RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in interscholastic sport(s) include but are not limited to death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, injury to internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal systems. I understand that the dangers and risks of playing or practicing to play/participate in the interscholastic sport(s) may result not only in serious injury, but also in a serious impairment of my future abilities.

Because of the dangers of participating in the interscholastic sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc, and agree to obey such instructions. I further understand that by following the instructions provided by the Snohomish School District, the risk of injury described above may be reduced, but that due to the nature of the sport I have selected, there is still risk of injury regardless of the precautions taken or procedures followed.

I further acknowledge that baseball, basketball, football, soccer and wrestling are sports which involve violent person-to-person contact and, therefore, the risk of injury in these sports is even greater than other sports.

I understand that all sports can involve many RISKS OF INJURY, including, but not limited to, those risks outlined. I also understand that the consequences of injury may exceed the benefits afforded by my own medical insurance and acknowledge that the District has informed me of this possibility. I agree to hold harmless and indemnify the Snohomish School District, its employees, officers and agents from all claims, liability, actions or lawsuits, except for acts or omissions involving the sole negligence of the School District.

INSURANCE: I assume full financial responsibility for medical expenses that may arise out of my child's participation and understand that the Snohomish School District does not provide medical insurance for my child.

RIDE PERMIT: I hereby give permission for my child to travel to/from athletic events or activities in transportation arranged by the school officials. I also understand that through my written permission my child may be allowed to be transported by another carrier.

ATHLETIC/ACTIVITY CODE: I have read and understand the terms of the attached Snohomish School District Athletic/Activity Code.

Signature of Student_____
Date_____
Signature of Parent/Legal Guardian_____
Date