



STUDENT-ATHLETE REGISTRATION PACKET

School Year (YY-YY)

Section I: Student Information

Name: _____ Grade: _____
Last First Middle Initial (Current School Year)

Student ID: _____ Birth Date: _____ Gender: Female Male Other

Home Address: _____
Address Line City/State Zip

Parent/Guardian #1 Name: _____ Emergency Contact Number: _____

Email Address: _____

Parent/Guardian #2 Name: _____ Emergency Contact Number: _____

Email Address: _____

Section II: School Information

Check ALL that are TRUE. (This section pertains to current high school students only; middle school students should skip to the next section.)

I am currently enrolled at
Ballard Franklin Lincoln Roosevelt
Chief Sealth Garfield Nathan Hale West Seattle
Cleveland Ingraham Rainier Beach

I am a first-time athlete at this school

I am attending another Seattle high school If yes, school name: _____

I played sports at a different high school last year If yes, school name: _____

I am a Private School Student If yes, school name: _____

I am a Home School Student

I am a Running Start Student

I am a Foreign Exchange Student

I am enrolled in less than 5 classes

My GPA is less than 2.0

My address changed in the last 6 months

Section III: Parent Consent of Sport Injury Risk

Students may participate in a maximum of three (3) sports, one per sport season. Please indicate your choice(s) by placing a check mark in the box next to the selected sport(s). Please attach Sport Risk/Injury Parent Consent forms to approve each chosen sport for your student:

Fall: Cross Country Football Golf G. Soccer G. Swimming

Volleyball (HS) Ultimate Frisbee (MS)

Winter: Basketball Gymnastics B. Swimming Wrestling

Spring: Baseball/Softball B. Soccer Tennis Track Volleyball (MS)

Section IV: Medical Information & Medical Emergency Authorization

Family Doctor: _____ Contact Number: _____

Preferred Hospital: _____ Contact Number: _____

Medications in Use: _____ List all allergies: _____

Emergency Contact #1: _____ Relationship to Student-Athlete: _____

Contact #1 Number: _____

Emergency Contact #2: _____ Relationship to Student-Athlete: _____

Contact #2 Number: _____

I hereby grant permission to the Athletic Trainer Sports Service Provider and Team Physicians, or other physicians designated by the named athletic school and Parent/Guardian to provide my child with any medical care or surgical care that they deem reasonably necessary to my child's health and well-being as a result of injuries or other medical conditions occurring as the result of or during athletic activities.

I further authorize the Athletic Trainer Sports Service Providers who are under the direction and guidance of a physician to provide my child with any preventive, first-aid, rehabilitative or emergency treatment they deem reasonably necessary to my child's health and well-being as a result of injuries or other medical conditions occurring as the result of/or during athletic activities.

(Continued from Page 1) If reasonably necessary to provide the care described in the preceding two paragraphs, I grant permission to the Athletic Trainer Sports Service Provider and/or school officials to seek necessary treatment at a hospital or health care center.

 _____

Date: _____

Parent/Guardian SIGNATURE

Section V: Mandatory Athletic Insurance

I understand that my student may not participate in boys' or girls' after-school athletics unless he/she is covered by the approved Seattle School District Athletic Insurance Program or by an equivalent plan which provides benefits for loss due to a covered injury with a minimum benefit of \$25,000 for each injury including the following minimum provisions:

- o Surgery 50% of usual and customary charges/\$12,000 maximum
- o Physician Visits \$40 per day for first visit and \$25 for following visits
- o Dental 60%
- o Emergency Room 100%
- o X-Rays 60% or up to \$500
- o MRI and CAT Scan +80% or up to \$500

Please check one of the options and then sign below


Option 1: My student is currently enrolled in the approved Seattle School District Student Accident and Health Insurance Program.

OR

Option 2: My student is covered by a plan that is equivalent or better than the above requirements and I will continue to keep it in force throughout the sports season; therefore, I do not wish to enroll my student in the Seattle School District Athletic Insurance Program (high school) or the Seattle School District regular school insurance program (middle school)

Name of Company Providing Coverage

Policy Number or Employee Name

 _____

Date: _____

Parent/Guardian SIGNATURE

Section VI: Physical Examination

Washington Interscholastic Activities Association (WIAA) regulation 18.13.0 requires that prior to the first practice for participation in interscholastic athletics a student shall undergo a thorough medical examination and be approved for middle level and/or high school interscholastic athletic competition by a medical authority licensed to perform a physical examination.

This physical examination must include, but is not necessarily limited to:

- o Documentation of a detailed review of the student's medical history with special attention to presence or absence of cardiovascular/pulmonary risks and/or previous significant injury and rehabilitation there from.
- o Documentation of satisfactory examination of the cardiopulmonary system.
- o Documentation of satisfactory sport-specific orthopedic screening examination.
- o A written statement by the examiner as to the fitness of the student to undertake the proposed athletic participation, together with suggestions for activity modification if necessary.

WIAA regulation 18.13.5 states that for each subsequent twenty-four **consecutive** months, the student shall furnish a statement or physical examination form signed by a medical authority licensed to perform a physical examination that provides clearance for continued athletic participation.

 _____

Date: _____

Parent/Guardian SIGNATURE

Section VII: Student Handbook Verification

The Seattle Public School Student Athletic Handbook is available online <http://seattleschools.org/athletics>. Select Forms, select appropriate grade level, and select School Forms. Hard copies of handbook are available upon request. I certify that I have been provided information to access the Student Athletic Handbook. I will carefully review the information contained in the handbook and I agree to adhere to the policies and procedures set forth therein.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date

 _____
Parent/Guardian SIGNATURE

Date

The Seattle School District provides Equal Educational and Employment Opportunity without regard to race, creed, color, national origin, sex, handicap/disability or sexual orientation.

If you have questions regarding the school district's Affirmative Action Policy, call 206-252-0371