

ILWACO HIGH SCHOOL ATHLETIC REGISTRATION FORM 2018-2019

Student Name _____ Grade _____ Birthdate _____

ATHLETIC ELIGIBILITY – WIAA STANDARDS

Please 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.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The above student is under 20 years of age |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The above student resides within the boundaries of Ocean Beach School District |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The above student resides with their parent/legal guardian *If not, resides with _____ |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The above student was in attendance in school and received semester grades for the previous semester |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The above student passed at least five (5) Ilwaco High School full credit classes for the previous semester |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The above student is presently enrolled in a minimum of five (5) full credit classes at Ilwaco High School |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | If transferring to OBSD, the above student left previous school as an eligible athlete in good standing (ex. Void of athletic code violations, school suspensions, scholastic ineligibility, etc.) |

Student Signature _____

Parent/Guardian Signature _____ Date _____

INSURANCE

I understand medical insurance is **REQUIRED, before participation**, and dental insurance is strongly recommended for my son/daughter while participating in school sponsored athletics. I acknowledge in case of injury to my son/daughter, the cost of treatment is my responsibility.

Student has adequate medical insurance coverage with _____ (list provider)

Student **DOES NOT** have medical insurance coverage. **OBSD offers low cost coverage. I understand it is my responsibility to obtain the necessary forms from the office and enroll before participation

Parent/Guardian Signature _____ Date _____

PARENT CONSENT/ASSUMPTION OF RISK

Participation in athletics at OBSD is a voluntary, extra-curricular activity. Participation in athletic events can result in 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. In consideration of the above warning and assumption of risk, I give my permission for my son/daughter to participate in the athletic programs at OBSD and to engage in all activities related to their participation.

Parent/Guardian Signature _____ Date _____

PHYSICAL EXAM AND ATHLETIC CODE

I have read and accepted the recommendations by the examining physician. Date of most recent physical exam _____

To the best of my knowledge, my son/daughter has no serious injury/illness since his/her last physical examination

Student and parent/guardian have received and read the OBSD athletic code, and agree to abide by its rules and regulations

Student Signature _____

Parent/Guardian Signature _____ Date _____

NON-PRESCRIPTION MEDICINES AND TREATMENTS

I give permission for the coach/trainer to administer any of the following non-prescription medicines/treatments to my son/daughter

*analgesic balm *salt tablets *aspirin/OTC pain reliever *cold packs *skin lube *disinfectant

Parent/Guardian Signature _____ Date _____

TRANSPORTATION APPROVAL

My son/daughter has permission to be transported to and from any school event by a district approved driver. **At times, transportation other than buses (school van or privately owned vehicles) is needed to transport our students to and from school sponsored events. These vehicles are usually driven by our coaches and/or parent volunteers.

Parent/Guardian signature _____ Date _____