

KALAMA SCHOOL DISTRICT ACTIVITY / ATHLETIC CARD
This section to be completed by Student/Parent/Guardian

Circle School attending in 2009-2010: MIDDLE SCHOOL OR HIGH SCHOOL

Instructions: Please print all information except signatures.

Name _____ Parent/Guardian Name _____

Address _____ City _____

Phone _____ Bus. Phone: Father _____ Mother _____

Grade in 2009-2010 _____ Birth date _____ Sex: Male Female

Sports in which I plan to participate: 1 _____ 2 _____ 3 _____ 4 _____ ALL

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules or regulations of the school or state association. I have read, understand and agree to follow the rules and regulations governing WIAA activity/athletic and school participation in the Kalama School District as presented in the Student Activities/Athletic Handbook.

Student Signature _____ Date _____

WARNING

Participation in any athletics activity will likely involve injury of some type to either yourself or a fellow student athlete. Such injury can include direct physical and possible crippling injury to one's body and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor cuts, scrapes or muscle strains to catastrophic injury, such as complete paralysis or even death. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

ATHLETIC INSURANCE INFORMATION

This Section to be Completed by Parent/Guardian

All school athletes must be covered by medical insurance provided by parent/guardian for the duration of the athletic activity(ies) in which they participate. **Inform the school immediately should there be a change in insurance coverage.**

Parent/Guardian, please initial at least one of the following to indicate current coverage:

_____ 1. Medical insurance with _____
(name of insurance company)

_____ 2. Student insurance plan (to be purchased by parent/guardian prior to participating in activity).

Name of Family Physician

Address

Phone

PARENTS OR GUARDIAN'S PERMISSION
This Section to Be Completed by Parent/Guardian

Do you give your permission for a physician or athletic trainer to administer treatment to your child and to inform school officials of the health of the student as he/she participates in athletics? Yes No

It is the parent's/guardian's responsibility to notify the school any time a medical problem occurs that would affect the health of the student as he/she participates in athletics.

I have read and completed all the sections of this card and all statements are true to the best of my knowledge. I hereby give my consent for the above student to engage in school association approved athletic activities as a representative of his/her school. I also give my consent for this student to accompany the team when it travels to other schools.

I have read and understand the implications of the rules and regulations governing the participation of my son/daughter in WIAA activities/athletics and school activities sponsored by the Kalama School District. I understand that he/she is expected to follow the rules and regulations of participation as outlined in the Student Athletic Handbook and should he/she violate these provisions, he/she will be disciplined in accordance with procedures listed in the Handbook.

Parent/Guardian Signature _____ Date _____

