

FALL
WINTER
SPRING

Cross Country Football VolleyBall
Boys .BasketBall Girl .Basketball Wrestling
Track

ASB CARD _____

EXTRA CURRICULAR SIGNATURE APPROVAL FORM

Welcome to Sequim Middle School! Please **read** all information in this packet carefully and **return this form** to the main office with the **Emergency Card** and **Pre-participation Physical Examination** (for athletes). Any questions can be directed to the Main Office at 582-3501. We hope your participation in extra-curricular activities at Sequim Middle School is a rewarding and enjoyable experience!

Student's Name (please print): _____ M _____ F _____

Date enrolled in Sequim School District _____

Grade in School: _____ Date of Birth: _____ Date of Physical: _____

ACTIVITIES' CODE

We have read the ACTIVITIES' CODE. We understand all information provided fully including: mission statement, eligibility for participation, general regulations, athletic disciplinary action, and WIAA requirements. My child, whose name is printed above, meets all WIAA requirements. (Keep the Activities' Code for your reference.)

PARENT/GUARDIAN SIGNATURE _____ STUDENT SIGNATURE _____

MANDATORY ACCIDENT INSURANCE

(Check one)

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

Option 2 _____ My child 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 middle 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 _____

ATHLETIC ELIGIBILITY

Please **accurately** answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information.

A parent/guardian/participant 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 resides within the boundaries of the Sequim School District.

Yes _____ No _____ The above student resides with his/her parents/legal guardians.

Yes _____ No _____ The above student is presently enrolled in the Sequim School District with a minimum of 5 full credit classes.

Is student: _____ Home Schooled _____ Alternative School _____ Other: _____

PARENT/GUARDIAN SIGNATURE _____ STUDENT SIGNATURE _____

ASSUMPTION OF RISK/INFORMED CONSENT

Participation in athletics at Sequim High School is a voluntary, extracurricular activity. Participation in any athletic activity can result in an 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 this possible risk. The purpose of this warning is to bring to your attention the existence of potential dangers associated with athletic participation and aid you in making an informed decision in allowing your student to participate in athletic activities. Inconsideration of the above warning and assumption of risk, I give permission for my student _____ to participate in the athletic program and to engage in all activities related to the team.

PARENT/GUARDIAN SIGNATURE _____ STUDENT SIGNATURE _____

We have read all of the forms mentioned above and understand them fully and will abide by all rules as stated.

PARENT/GUARDIAN SIGNATURE _____ STUDENT SIGNATURE _____

DATE _____

DATE _____