

FOR OFFICE USE ONLY						Athletic Card Number _____				
SCHOOL YEAR _____		ASB _____		PHYS DATE _____		STUDENT # _____				
FALL:	FB	FP	GSOC	VB	GO	GSW	CC	BTE	CHEER	BWP
WINTER:	BBB	GBB	GYMN	WR	BSW	Dance	Cheer			
SPRING:		TR	BB	VB	BSOC	FP	GTE	GWP		

AUBURN SCHOOL DISTRICT ATHLETIC PARTICIPATION FORM

STUDENT NAME _____ M___ F___ GRADE___ AGE___ BIRTHDATE_____

PARENT NAME _____ PARENT'S CELL PHONE _____

HOME ADDRESS _____ HOME PHONE _____

CITY/STATE/ZIP _____

PARENT CONSENT/ASSUMPTION OF RISK

We hereby give our consent for our son/daughter to engage in interscholastic activities provided by the Auburn School District unless disapproved by the examining physician. We also give our consent for the student to accompany the team to other school venues. We will comply with and support the participation rules of the Auburn School District. This application to compete in interscholastic athletics in the Auburn School District #408 is made with the understanding that eligibility rules and regulations of the state association have not been violated. Competitive athletics is a voluntary extra-curricular activity and participation may result in severe injury, including paralysis or death. No amount of reasonable supervision or training can completely eliminate the risk of possible injury.

AS A CONDITION OF PARTICIPATION IN ATHLETICS, WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING STATEMENT.

★ Parent/Guardian Signature _____ Date _____

MANDATORY ACCIDENT INSURANCE (Check One)

_____ My son/daughter is currently enrolled in the Student Accident Insurance Program offered through the Auburn School District. Information regarding this plan is available through your child's school office. (OFFICE CONFIRMATION REGARDING PURCHASE)

_____ My son/daughter 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 high 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 Insurance Company: _____

Policy or Group #: _____

★ Parent/Guardian Signature _____ Date _____

PERMISSION FOR MEDICAL TREATMENT

In the event of an emergency requiring medical attention, we hereby grant permission to a physician or other hospital personnel designated by the Auburn School District's coaching staff to attend our son/daughter. We expect every effort will be made to contact us in order to receive our specific authorization before any treatment or hospitalization is undertaken.

★ Parent/Guardian Signature _____ Date _____

MEDICAL EVALUATION REPORT (ALL INCOMING 6TH AND 9TH GRADERS ARE REQUIRED TO HAVE A NEW PHYSICAL)

Auburn School District policy requires that:

- *** A current physical examination is completed prior to participation at the high school level (grades 9-12) and must be dated **AFTER JUNE 1st**, for the upcoming school year.
- *** A current physical examination is completed prior to participation at the middle school level (grades 6-8) and must be dated **AFTER JULY 1st**, for the upcoming school year.
- *** Physicals may be valid up to 24 months from the date of the examination if all conditions are met. Physical expiration dates must extend beyond the respective WIAA season ending date.
- *** **Expiration dates occurring within a sport season shall require a new examination prior to that season.**

PHYSICIAN'S REPORT

DATE OF PHYSICAL EXAMINATION: _____

Clearance for participation in Auburn School District athletics: Yes _____ No _____

Physical limitations and/or recommendations: _____

To be filled out for middle school wrestlers:

If _____ competes in wrestling, the minimum weight should be no less than _____ pounds.

Student Name (Print or Type)	<input type="checkbox"/> Nan Walker, ARNP		FamilyCare of Kent
	<input type="checkbox"/> Kate Swartz, ARNP		10024 SE 240th St, Suite 201, Kent, WA 98031
	<input type="checkbox"/> Kathy Kleiver, ARNP	253.859.2273	
Medical Examiner's name	<input type="checkbox"/> Bob Smithing, ARNP	Phone number	Clinic Address
	<input type="checkbox"/> Maddy Wiley, ARNP		

Medical Examiner's signature _____ Date _____

ATHLETIC ELIGIBILITY (High School only)

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

- | | | |
|-----------|----------|---|
| Yes _____ | No _____ | The above student is under 20 years of age. |
| _____ | _____ | The above student resides within the boundaries of the Auburn School District |
| _____ | _____ | The above student resides with his/her parents/ legal guardians. |
| _____ | _____ | The above student was in attendance in school at least 15 weeks of the previous semester. |
| _____ | _____ | The above student passed 5 classes during the previous semester. |
| _____ | _____ | The above student is presently enrolled in the Auburn School District a minimum of 5 full-credit classes. |

Is the student: _____ Running Start _____ Home Schooled _____ Alternative School _____ Other _____

Year entered seventh (7th) grade: _____ Year entered ninth (9th) grade: _____

School attended last year: _____ Dates attended: _____ to _____

Student Signature _____ **Date** _____

★ **Parent/Guardian Signature** _____ **Date** _____