

SPORT _____

School Use Only: Term GPA _____ Cum GPA _____

**KENT SCHOOL DISTRICT ATHLETIC DEPARTMENT
2010 - 2011 ATHLETIC REGISTRATION FORM**

SECTION I: INFORMATION

Student ID # _____

Student-Athlete Name: _____
(Last) (First) (MI)
Male: _____ Female: _____ Grade (2010-2011): _____ Date of Birth: _____
Address: _____ City: _____ Zip Code: _____
Mother's Name: _____ Home Phone: _____ Bus. Phone: _____
Father's Name: _____ Home Phone: _____ Bus. Phone: _____
Email Address: _____ Cell Phone: _____
Date of Enrollment in Kent School District: _____ / _____ Name of 2010-2011 School: _____
(month / year)

IF YOU ARE A TRANSFER STUDENT, PLEASE FILL IN THIS SECTION:

School last attended: _____
School Name City State

SECTION II: MANDATORY ACCIDENT INSURANCE

I understand that my son/daughter cannot participate in boys/girls athletic programs unless he/she is covered by the Student Accident Insurance program offered through the Kent School District or is covered by a plan which has coverage equal to or greater than the Student Accident Insurance program offered with the following minimum coverage.

- Payment of at least 60% per trip for ambulance.
- Payment for any one injury up to \$25,000.
- Payment of at least 60% of semi-private room rate.
- Payment of at least \$1,500 per day for intensive care.
- Payment of at least 50% of usual and customary charges for surgery.
- Payment for dental work of at least 60%.

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

Option 2 _____ My son/daughter is covered by an insurance program that is equivalent or better than the above requirements. I will continue to keep the insurance in force throughout the sports season and will notify the Kent School District Athletic office if the plan is changed to one that offers less coverage than the program above or is terminated. Therefore, I do not wish to purchase the Student Accident Insurance for my son/daughter being offered by the Kent School District.

Name of Company Providing Coverage: _____

Policy Number or Employee Number: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

(Please check option 1 or option 2 and sign above.)

SECTION III: INJURY RISK/PARENT PERMISSION

- My son/daughter has permission to participate in ALL school district athletic/activity programs.
- My son/daughter **DOES NOT** have permission to participate in the following sports: (please list)

_____.

___Yes ___No The medical history of the above student has changed since last physical.

Athletic activities are inherently dangerous. Accidents can happen and risks of serious injury do exist. Your signature indicates that you have completed all of the information accurately, that you have been advised that there is a risk of injury that could occur during any sports activity, and that, by signing this form, you give permission for your son/daughter to participate in the sports activity, and will hold the Kent School District, school board, coaches, officials, volunteers, parents, students, and all other Kent School District employees and agents harmless for any and all costs, claims, awards, judgments, or attorney fees for damages arising out of or in any way resulting from or brought by voluntary participation in these sports activities. You also agree to pay for all medical care not covered by the above-noted insurance policy arising from a sports-related activity.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

SECTION IV: ATHLETIC ELIGIBILITY

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.

- _____Yes _____No The above student is under 20 years of age.
- _____Yes _____No The above student resides within the boundaries of the school they are attending.
- _____Yes _____No The above student has resided with their parents/legal guardians (family unit) for the past year.
- _____Yes _____No The above student passed at least 5 academic classes of the previous grading period.
- _____Yes _____No The above student is presently enrolled in a minimum of 5 academic classes.

School attended last year _____ from (month/year) ____ / ____ to ____ / ____.

STUDENT SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

SECTION V: PHYSICAL EXAMINATION

(The physical examination form is to be completed by a medical authority licensed to give physical examinations.)

Washington Interscholastic Activities Association (WIAA) requires that prior to the first participation in interscholastic athletics, a student shall undergo a thorough medical examination and be approved for interscholastic athletic competition by a medical authority licensed to perform a physical examination. WIAA regulations state that those licensed to perform physical examinations include MD, Doctor of Osteopathy DO, Certified Registered Nurse (ARNP), Physician's Assistant (PR), and Naturopathic Physicians.

Kent School District policy requires that:

- A current physical examination is completed prior to participation at the middle school level (grades 7-8) and must be dated **AFTER JUNE 1ST OF THE 6TH GRADE YEAR.**
- A current physical examination is completed prior to participation at the senior high level (grades 9-12) and must be dated **AFTER JUNE 1ST OF THE 8TH GRADE YEAR.**
- Physicals may be valid for 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.