

# EXTRA CURRICULAR SIGNATURE APPROVAL FORM

FALL CC FB G.SOC G.SWIM VB CHEER  
WINTER B.BB G.BB CHEER WRESTLING  
SPRING BB FP B.SOC B.GOLF G.GOLF TR

ASB CARD \_\_\_\_\_

~ PLEASE CIRCLE SPORTS ~

**Welcome to Port Townsend High School!** Please read all information in this packet carefully and **return this form** to the ASB Office with the **Medical Emergency Information Form** and **Pre-participation Physical Examination** (for athletes). Any questions can be directed to the ASB Office at 379-4527. We hope your participation in extra-curricular activities at Port Townsend High School is a rewarding and enjoyable experience!

Student's Name (please print): \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

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 Port Townsend 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 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 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 is under 20 years of age.  
Yes \_\_\_\_\_ No \_\_\_\_\_ The above student resides within the boundaries of the Port Townsend School District.  
Yes \_\_\_\_\_ No \_\_\_\_\_ The above student resides with his/her parents/legal guardians.  
Yes \_\_\_\_\_ No \_\_\_\_\_ The above student was in attendance in school at least 15 weeks of the previous semester.  
Yes \_\_\_\_\_ No \_\_\_\_\_ The above student passed 5 classes during the previous semester and has a minimum 2.0 GPA.  
Yes \_\_\_\_\_ No \_\_\_\_\_ The above student is presently enrolled in the Port Townsend School District with a minimum of 5 full credit classes.  
Is student: \_\_\_\_\_ Running Start \_\_\_\_\_ Home Schooled \_\_\_\_\_ JCS \_\_\_\_\_ Other (specify): \_\_\_\_\_

School attended last year: \_\_\_\_\_ From (Year) \_\_\_\_\_ To (Year) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_

## ASSUMPTION OF RISK/INFORMED CONSENT/INHERENT RISK INCLUDING CONCUSSION

Participation in athletics at Port Townsend 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, concussion 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. In consideration 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. I READ AND UNDERSTAND THE INHERENT RISKS AND CONCUSSION AWARENESS FORMS.

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 \_\_\_\_\_

11.04.14