

Please check the sports that you wish to participate in this year

- | | | | | |
|-------------------------------------|--------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> Band | <input type="checkbox"/> Color Guard | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Dance | <input type="checkbox"/> Marching Band | <input type="checkbox"/> Tennis | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track | |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Golf | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball | |
| <input type="checkbox"/> Cheer | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Sports Med | | |

Student's Name _____ Birthdate _____ Grade _____ Sex: M F
 Parent's/Guardian's Name _____ Home Phone _____ Work Phone _____
 Home Address _____ Cell Phone _____
 E-Mail Address _____ Hospital Preference _____
 Doctor's Name _____ Phone _____
 Other Emergency Contact _____ Phone _____

Does your child have a health condition which may require special attention (bee sting allergy, food allergy, etc.)? Yes No

If yes, list known allergies _____

Inquiries regarding accommodations for students with disabilities should be directed to the school's 504 Officer. For specific information please contact: Evergreen Public Schools' 504 District Coordinator, Bruce Nashif at 604-4078.

MEDICAL EMERGENCY AUTHORIZATION

As Parent/Guardian, I authorize the team medical practitioner, or a qualified physician, to examine the above named student in the event of injury, to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact parent/guardian to explain the nature of the problem prior to any involved treatment.

Parent/Guardian Signature _____ Date _____

INSURANCE WAIVER

Name of Insurance Company _____ Policy No. _____

My son/daughter is covered by the insurance listed above and I will continue to keep it in force throughout the sport season, therefore, I do not wish to enroll _____ in the School Accident Coverage Plan. The Principal is authorized to contact the Company named above to verify coverage limitations.
(name of son/daughter)

I accept full responsibility for the cost of treatment for any injury which s/he may suffer while taking part in the program. Please permit him/her to take part in athletics and Sports Days.

ELIGIBILITY

WIAA ELIGIBILITY – TRANSFERRING STUDENTS: After registering with and/or attending a middle level or high school, students changing enrollment to/from one school district to another school district, or from one high school to another high school within a multiple high school district, shall be considered transferring students. In order to be eligible for varsity competition, transferring students must meet the normal residence requirements or the transferring school requirements under WIAA regulations 18.10.1, 18.10.2, or 18.10.3, or be granted a waiver under 18.12.0 and 18.25.0. This shall also apply to those students receiving home-based instruction. A student who is ineligible in a member school may not become immediately eligible at another member school without completing the conditions of ineligibility.

I have read the expectations and guidelines (including the District Drug Policy) in the Athletic/Activity Handbook located on the District website at [www.evergreenps.org/SchoolInfo/Documents/HS-AthHandbk10-11\(w\).pdf](http://www.evergreenps.org/SchoolInfo/Documents/HS-AthHandbk10-11(w).pdf), and agree to the rules of participation in the above. My student has my permission to turn out for interscholastic athletics and travel to any practice or contest in a school-approved vehicle.

Date of enrollment in Evergreen Schools: _____ School Attended Last Year: _____

Does the student live within our school boundaries? Yes No Does the student live with parent/guardian? Yes No

Parent's Signature _____ Date signed: _____

Student's Signature _____ Date signed: _____

For office use only					
Student # _____	ASB _____	Fines _____	Physical Expires _____	Year _____	
User Fee Paid: 1 Sport \$ _____	2 Sports \$ _____	(max \$100)	Reduced: 1 Sport \$ _____	2 Sports \$ _____	(max \$50)