

### ACTIVITY PARTICIPATION FORM

#### **Section I. Declaration of Eligibility**

**This declaration applies to all WIAA regulated activities, elected or appointed officers and cheer staff.**

Please answer the following questions.

- Yes  No Were you under any conditions of ineligibility when you left your previous school?
- Yes  No Are you under 20 years of age?
- Yes  No Did you receive a minimum of 2.0 GPA the previous semester?
- Yes  No Are you a bona fide resident living with parents or legal guardian in your high school attendance area?  
(see your Athletic Director for WIAA transfer rules)
- Yes  No Were you in attendance in school at least 15 weeks of the previous semester?
- Yes  No Do your parents give permission for your picture to be used in school publications including the school website? \_\_\_\_\_ Parent initial

Further I agree to:

1. Give immediate notification to my coach or school secretary when any change occurs in my residence.
2. Maintain my amateur standing as determined by the district and WIAA.
3. Not use, possess or be involved with drugs, alcohol and/or tobacco for the entire activity season at any time (24 hours a day) on or off campus. (Athletes must immediately leave a gathering where drugs and/or alcohol are being illegally used. This must be reported to the coach or athletic director as soon as possible.)
4. Abide by the established rule that use, possession or involvement with drugs, alcohol and/or tobacco during the activity season at any time (24 hours a day) on or off campus will result in my immediate exclusion from the activity for the remainder of the season—with right of appeal.
5. Abide by the established written rules and regulations as provided by the coach or advisor for the activity season which begins with the first day of participation and ends with the state tournament for that sport, as defined by the WIAA.
6. Read and understand the safety guidelines for my activity.

Name all high schools you have attended. \_\_\_\_\_

I certify that I meet the above eligibility requirements. Further, my parents and I have read and understand the HANDBOOK FOR STUDENT ACTIVITIES and will adhere to the written regulations and rules in that handbook.

DATE \_\_\_\_\_ Student Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_

I give my consent for \_\_\_\_\_ to participate in activities directed by the Highline School District

During the \_\_\_\_\_ school year. DATE \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

#### **Section II: Accident Insurance – Parent Responsibility**

This section applies to WIAA– regulated athletics and cheer staff. I understand that it is required that my son/daughter be covered by medical/accident insurance while participating in school-sponsored athletics.

- I have adequate coverage with: (Medical) \_\_\_\_\_  
Name of Company
- (Dental) \_\_\_\_\_  
Name of Company
- I am enrolling my child in the school time accident insurance program offered by a local insurance company. The application form and payment are enclosed. This insurance will cover all sports except football.
- I am enrolling my child in the Football Accident Insurance program offered by a local insurance company. The application form and payment are enclosed. This insurance will cover football participation only.

**EACH ACTIVITY HAS ITS VESTIGES OF DANGER AND REGARDLESS OF THE SUPERVISION THAT IS PROVIDED; A STUDENT MAY BE INJURED. AS THE PARENT/GUARDIAN, I HAVE MADE INQUIRES AS TO THE RISKS INVOLVED AND CONSENT TO PARTICIPATION KNOWING THESE RISKS.**

SIGNED \_\_\_\_\_  
Parent or Guardian

### Section III: Physical Examination

This section applies to WIAA-regulated athletics, drill, and cheer staff. Students must pass a yearly exam.

**TO BE COMPLETED BY PARTICIPANT**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Medical History: Have you ever had any of the following?

- |                                                                                                     |    |     |                                                                          |    |     |
|-----------------------------------------------------------------------------------------------------|----|-----|--------------------------------------------------------------------------|----|-----|
| 1. Head injury or concussion                                                                        | NO | YES | 12. Hernia (rupture)                                                     | NO | YES |
| 2. Bone/joint disorders, fractures (broken bones), dislocations, trick joints, arthritis, back pain | NO | YES | 13. Mental Illness or nervous breakdown                                  | NO | YES |
| 3. Eye or ear problems (disease/surgery)                                                            | NO | YES | 14. "Stinger or burner or pinched nerve"                                 | NO | YES |
| 4. Dizzy spells, fainting or convulsions                                                            | NO | YES | 15. Surgery or advised to have surgery                                   | NO | YES |
| 5. Tuberculosis, asthma, bronchitis                                                                 | NO | YES | 16. Taking medication regularly or pills currently                       | NO | YES |
| 6. Heart trouble                                                                                    | NO | YES | 17. Allergies or skin problems                                           | NO | YES |
| 7. High or low blood pressure                                                                       | NO | YES | 18. Heat or muscle cramps                                                | NO | YES |
| 8. Anemia, leukemia or bleeding disorder                                                            | NO | YES | 19. Female: Menstrual problems                                           | NO | YES |
| 9. Diabetes, hepatitis or jaundice                                                                  | NO | YES | 20. Other illness, injury not named above                                | NO | YES |
| 10. Ulcers, other stomach trouble or colitis                                                        | NO | YES | 21. Do you use special equipment (pads, braces etc)                      | NO | YES |
| 11. Kidney or bladder problems                                                                      | NO | YES | 22. Have you had a medical problem or injury Since your last evaluation? | NO | YES |

Explain any YES answers \_\_\_\_\_



**TO BE COMPLETED BY LICENSED MD, DO, ARNP, PR OR NATUROPATHIC PHYSICIANS**

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: YES NO Tetanus boosters within last 5 years: YES NO

Cardiopulmonary	Normal	Abnormal	Neck	Normal	Abnormal
Pulses	Normal	Abnormal	Shoulder	Normal	Abnormal
Heart	Normal	Abnormal	Elbow	Normal	Abnormal
Lungs	Normal	Abnormal	Wrist/Hand	Normal	Abnormal
Skin	Normal	Abnormal	Back	Normal	Abnormal
Abdominal	Normal	Abnormal	Knee	Normal	Abnormal
Genitalia	Normal	Abnormal	Ankle/Foot	Normal	Abnormal
Musculoskeletal	Normal	Abnormal			

Clearance      A. Cleared      B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 C. Not cleared for \_\_\_\_\_ Collision \_\_\_\_\_ Contact

I recommend that the pupil designated above should not be allowed to wrestle any weight less than the indicated classification circled.

<b>103   112   119   125   130   135   140   145   152   160   171   189   215   275</b>
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Name of Physician \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Physician \_\_\_\_\_