

FALL  
WINTER  
SPRING

B.TENN CC FB G.SOC G.SWIM VB CHEER  
B.BB G.BB B.SWIM G.BOWL CHEER WRESTLING  
BB FP B.SOC G.TENN GOLF TR

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

## EXTRA CURRICULAR SIGNATURE APPROVAL FORM

Welcome to Sequim High School! Please **read** all information in this packet carefully and **return this form** to the main office with the **Emergency Card** and **Pre-participation Physical Examination** (for athletes). Any questions can be directed to the Main Office at 582-3600. We hope your participation in extra-curricular activities at Sequim High School is a rewarding and enjoyable experience!

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

Date enrolled in Sequim School District \_\_\_\_\_

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 Sequim School District.

To enroll contact Myers-Stevens & Toohey&Co, Inc. 1-800-827-4695 or [www.myers-stevens.com](http://www.myers-stevens.com)

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 Sequim 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.

Yes \_\_\_\_\_ No \_\_\_\_\_ The above student is presently enrolled in the Sequim School District with a minimum of 5 full credit classes.

Is student: \_\_\_\_\_ Running Start \_\_\_\_\_ Home Schooled \_\_\_\_\_ Alternative School \_\_\_\_\_ Other: \_\_\_\_\_

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

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

### ASSUMPTION OF RISK/INFORMED CONSENT

Participation in athletics at Sequim 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, 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. Inconsideration 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.

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 \_\_\_\_\_

# SEQUIM SCHOOL DISTRICT

## Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

The Sequim School District believes participation in athletics improves physical fitness, coordination, self-discipline, and gives student's valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in Sequim School District athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST INFORMATION SHEETS.

Student Name (Printed) \_\_\_\_\_  
Student Name (Signed) \_\_\_\_\_  
Date \_\_\_\_\_

Parent / Guardian Name (Printed) \_\_\_\_\_  
Parent / Guardian Name (Signed) \_\_\_\_\_  
Date \_\_\_\_\_