

FORMS MAY NOT BE TURNED IN/COLLECTED UNTIL AUGUST FOR FALL SPORTS

Revised 6/09

SPORT(s): _____

ATHLETIC PARTICIPATION Eligibility Form

Lake Stevens High School 2908 113th Ave. N.E. Lake Stevens, WA 98258 425 335-1516.

Student # _____

Office Use Only: Date: _____

Physical _____ ASB _____

Waiver ____ School Ins. _____

Drug Form _____ Athletics Fee _____

NAME _____ GRADE _____ Birth-date ____/____/____ Male/Female Birth place _____

ADDRESS _____ PHONE _____

Please answer all questions, after form is completed turn the form into the Athletic Office. If the Form is COMPLETE your name will be added to the eligibility list.

What school did you attend last semester? _____ Did you fail any classes, how many? _____. Did you complete the semester or trimester? Yes No. With whom do you live? (Note "a" below) State the exact relationship to this person: Own parents, foster, sister/brother, etc. _____ Do your parents live in the Lake Stevens School District area? Yes No. I understand I must be enrolled & passing 5 classes Yes No. I am enrolled in Running Start Yes _____ No _____ I am enrolled in Skill Center Yes _____ No _____

TO BE ELIGIBLE FOR CO-CURRICULAR ACTIVITIES:

False answers to the above questions will jeopardize your future eligibility for athletics at L.S.H.S. Illegal participation may cause your team to suffer due to forfeiture of games. AN ELIGIBLE ATHLETE IS ONE WHO MAY PARTICIPATE IN INTERSCHOLASTIC COMPETITION.

- Any athlete who does not live with his/her own parents in the Lake Stevens School District must get the Athletic Director's signature before he/she is permitted to turn out for any team. No exceptions!
- Athlete must meet the Lake Stevens High School Athletic Code requirements. (see other side)
- Eligible athletes must have a ***current ASB Card in the fall by Sept. 1, and the rest of the school year before the first day of practice. Athletic participation fee must be paid by the 1st contest.***
- Athlete must be covered with adequate insurance ***before the first practice***

COMPANY PROVIDING COVERAGE _____ or SCHOOL INSURANCE DATE _____

- Athlete must be ***enrolled & passing*** at least 5 classes.
- Athlete must pass a valid physical exam and have this recorded on file in the Athletic Director's office ***BEFORE THE FIRST PRACTICE.*** Physicals are good for 2 years. ***Physical must be good for entire season.***

PHYSICIAN'S AUTHORIZATION

(Physician's or physical form may be attached)

"I certify that I have examined the above-named person and find that he/she is able to participate in school sports/activities.

DATE _____ Comments (if Any) _____

ATHLETIC CONDUCT

All student athletes who attend the schools of this district will comply with the rules and regulations set down by Washington State Interscholastic Activities Association(WIAA), the district policies, and in accordance with the student rights and responsibilities handbook.

Any athlete who willfully performs or fails to perform any act which materially interferes with or is detrimental to the orderly operation of a school, a school sponsored activity or any other aspect of the educational process within the Lake Stevens School District shall be subject to discipline, suspension, or expulsion from the athletic program of said school district.

The following acts by a student on or off school premises shall constitute sufficient cause for discipline, suspension, or expulsion:

1. Disruptive conduct, disobedience to the reasonable instructions of school authorities.
2. Refusal to identify oneself.
3. Unauthorized absence from school turnout or game.
4. Cheating.
5. Immoral conduct.
6. Vulgarity or profanity.
7. Use of non-prescription drugs, alcohol, or tobacco products.
8. Destruction or defacing of property.
9. Extortion or intimidation of another student or staff member.
10. Stealing.
11. Not meeting Lake Stevens High School Athletic Code requirements.
12. Possession or use of any dangerous weapon.
13. Commission of any criminal act as defined by law.
14. Payment of Non refundable Athletic Fee does not guarantee playing time in a game/ match.

(This represents a summary of the Athletic Code; a complete copy of the Athletic Code, Drug Testing Policy and Concussion Form are available in the Athletic Office and online at the School District website, www.lkstevens.wednet.edu.

I have read the above goals, objectives and performance expectations of student athletes. I understand the rules and requirements that govern the athletic program at Lake Stevens High School and the sanctions for rule violations and non-compliance.

ACKNOWLEDGMENT OF RISK

All physical activities can result in possible injuries. Students that participate in organized and approved high school athletics have less chance of being physically injured than students involved in activities that are not a part of school athletic programs. Elements that reduce the possibility of athletic injuries in school sports programs are improved facilities and protective equipment, governing rules and policies, safety requirements, conditioning programs, and experienced coaches and supervisors. Athletes can further reduce his/her chances of injury by obeying all safety rules, following proper procedures and instructions, reporting all physical problems and injuries to the coaches, and inspecting his/her own equipment daily. We realize there is a possibility that an athlete may suffer minor and/or severe injuries including paralysis or death as a result of participating in athletic activities. Zackery Lystedt Law, I understand that any athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time. Any athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives a written clearance to return to play from that health care provider. The written clearance must be on file in the Athletics Office.

I have answered all questions and have read and understand all items. To the best of my knowledge, all questions have been answered accurately, and I give permission for the above named person to participate in co-curricular activity. Furthermore, I understand my son/daughter may practice away from the practice or competitive site under limited supervision by experienced coaches and/or supervisor.

STUDENT'S SIGNATURE _____

PARENT'S SIGNATURE _____

DATE _____