

REQUIREMENTS FOR ATHLETIC PARTICIPATION/ELIGIBILITY

In order for a student to participate in any co-curricular activity, the student must have on file in the office a record of the following:

- Physical examination with physician's signature and date. Date of physical: _____
- Emergency information form.
- Insurance coverage information, policy and number or paid school insurance.
- Record of purchase of an ASB card.
- Signature of student and parent/guardian signifying they have read, understood, and accepted the athletic code handbook regulations.
- Signature of the student and the parent/guardian signifying that they read and understand the concussion information sheet.

STUDENT/EMERGENCY INFORMATION:

Student Name: _____ Birthdate: ___/___/___ Age: _____ Grade: _____

Address: _____ Home Phone: _____

Parent/Guardian Name: _____ Home Phone: _____

Parent/Guardian Address: _____ Work Phone: _____

Doctor: _____ Dr Phone: _____ Hospital: _____

In case of emergency, when the parent/guardian cannot be notified, please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

List any known medical conditions staff should be aware of (i.e. diabetes, epilepsy): _____

List any known allergic reactions to medications: _____

ACCIDENT INSURANCE – PARENT/GUARDIAN RESPONSIBILITY:

I understand accident insurance is a requirement for participation in the Columbia School District's athletic program. I recognize in case of injury to my son/daughter, the cost of the medical treatment is my responsibility and not the responsibility of the Columbia School District. I further understand my son/daughter must be covered by medical and dental insurance while participating in school athletics.

- I have purchased insurance coverage with _____ (name of company)
Insurance Policy Number _____
- I have purchased insurance coverage through the available school-wide plan.

LIABILITY WAIVER:

Your son/daughter has chosen to participate in a Columbia School District athletic/activity program, which can be dangerous. Accidents can happen and the risk of serious injury, even death, does exist. Your signature below indicates you have been advised of and fully understand this danger.

PARENT SIGNATURE _____

STUDENT SIGNATURE _____

RESIDENCE/TRANSFER:

The student must be residing within the boundaries of the Columbia School District while living with their natural parent(s), parent of legal custody or court appointed guardian for one year. To the best of my knowledge my son/daughter meets this criterion:

- Yes
- No (conference with athletic director required)
- Were you under any conditions of ineligibility when you left your previous school?***

CO-CURRICULAR CODE CONSENT: We have read and understand this document and the Athletic Code, and will honor the code, consenting to the conditions set forth. We understand these expectations apply throughout the student's Columbia School District experience.

PARENT SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

Name: _____
Last _____
First _____

Grade 7 8 9 10 11 12
(Circle One)

Sport(s): _____
Date of physical: _____
ASB Card #: _____