

SPORT \_\_\_\_\_

School Use Only: Term GPA \_\_\_\_\_ Cum GPA \_\_\_\_\_

**KENT SCHOOL DISTRICT ATHLETIC DEPARTMENT  
2011 - 2012 ATHLETIC REGISTRATION FORM**

**SECTION I: INFORMATION**

Student ID # \_\_\_\_\_

Student-Athlete Name: \_\_\_\_\_  
(Last) (First) (MI)  
Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade (2011-2012): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date of Enrollment in Kent School District: \_\_\_\_\_ / \_\_\_\_\_ Name of 2010-2011 School: \_\_\_\_\_  
(month / year)

**IF YOU ATTENDED A DIFFERENT SCHOOL IN THE PREVIOUS 12 MONTH PERIOD:**

Other school attended: \_\_\_\_\_  
School Name City State  
Date withdrawn: \_\_\_\_\_

**SECTION II: MANDATORY ACCIDENT INSURANCE**

I understand that my son/daughter cannot participate in boys/girls athletic programs unless he/she is covered by the Student Accident Insurance program offered through the Kent School District or is covered by a plan which has coverage equal to or greater than the Student Accident Insurance program offered with the following minimum coverage.

- Payment of at least 60% per trip for ambulance.
- Payment for any one injury up to \$25,000.
- Payment of at least 60% of semi-private room rate.
- Payment of at least \$1,500 per day for intensive care.
- Payment of at least 50% of usual and customary charges for surgery.
- Payment for dental work of at least 60%.

Option 1 \_\_\_\_\_ My son/daughter is currently enrolled in the Student Accident Insurance Program offered through the Kent School District.

Option 2 \_\_\_\_\_ My son/daughter is covered by an insurance program that is equivalent or better than the above requirements. I will continue to keep the insurance in force throughout the sports season and will notify the Kent School District Athletic office if the plan is changed to one that offers less coverage than the program above or is terminated. Therefore, I do not wish to purchase the Student Accident Insurance for my son/daughter being offered by the Kent School District.

Name of Company Providing Coverage: \_\_\_\_\_  
Policy Number or Employee Number: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Please check option 1 or option 2 and sign above.)

**SECTION III: INJURY RISK/PARENT PERMISSION**

- My son/daughter has permission to participate in ALL school district athletic/activity programs.
- My son/daughter **DOES NOT** have permission to participate in the following sports: (please list)

\_\_\_\_\_.

\_\_\_Yes \_\_\_No The medical history of the above student has changed since last physical.  
If yes, please explain: \_\_\_\_\_

Athletic activities are inherently dangerous. Accidents can happen and risks of serious injury do exist. Your signature indicates that you have completed all of the information accurately, that you have been advised that there is a risk of injury that could occur during any sports activity, and that, by signing this form, you give permission for your son/daughter to participate in the sports activity, and will hold the Kent School District, school board, coaches, officials, volunteers, parents, students, and all other Kent School District employees and agents harmless for any and all costs, claims, awards, judgments, or attorney fees for damages arising out of or in any way resulting from or brought by voluntary participation in these sports activities. You also agree to pay for all medical care not covered by the above-noted insurance policy arising from a sports-related activity.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SECTION IV: ATHLETIC ELIGIBILITY**

Please answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information. A participant/parent/guardian 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 school they are attending.
- \_\_\_\_\_Yes \_\_\_\_\_No The above student has resided with their parents/legal guardians (family unit) for the past year.
- \_\_\_\_\_Yes \_\_\_\_\_No The above student passed at least 5 academic classes of the previous grading period.
- \_\_\_\_\_Yes \_\_\_\_\_No The above student is presently enrolled in a minimum of 5 academic classes.

School attended last year \_\_\_\_\_ from (month/year) \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SECTION V: PHYSICAL EXAMINATION**

(The physical examination form is to be completed by a medical authority licensed to give physical examinations.)

Washington Interscholastic Activities Association (WIAA) requires that prior to the first participation in interscholastic athletics, a student shall undergo a thorough medical examination and be approved for interscholastic athletic competition by a medical authority licensed to perform a physical examination. WIAA regulations state that those licensed to perform physical examinations include MD, Doctor of Osteopathy DO, Certified Registered Nurse (ARNP), Physician's Assistant (PR), and Naturopathic Physicians.

**Kent School District policy requires that:**

- A current physical examination is completed prior to participation at the middle school level (grades 7-8) and must be dated **AFTER JUNE 1<sup>ST</sup> OF THE 6<sup>TH</sup> GRADE YEAR.**
- A current physical examination is completed prior to participation at the senior high level (grades 9-12) and must be dated **AFTER JUNE 1<sup>ST</sup> OF THE 8<sup>TH</sup> GRADE YEAR.**
- Physicals may be valid for 24 months from the date of the examination if all conditions are met.
- Physical expiration dates must extend beyond the respective WIAA season ending date.
- Expiration dates occurring within a sport season shall require a new examination prior to that season.