

2015-2016
Athletic/Activity Permission Form
(Please print in ink)

Name _____ Grade _____

Parent/Guardian Name _____

Address _____

City _____ Zip _____

Home Phone: _____

Work Phone: Parent/Guardian _____ Parent/Guardian _____

Student birth date: _____ Sex: Male _____ Female _____

Sports in which I plan to participate:

1. _____ 3. _____

2. _____ 4. _____

5. _____

Parent/Guardian: Please list any sports in which you DO NOT want your child to participate: _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules or regulations of the school or state association. I have read, understand and agree to follow the rules and regulations governing school and WIAA activities/athletics as described in the Hockinson School District Athletic/Activities Packet and Student Handbook.

Student Signature _____ **Date** _____

Please see reverse; it is necessary to complete both sides.

For office use only:

ID # _____ GPA _____ Fines _____ ASB _____ Med. Release _____ Physical Expires: ____/____

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(to be completed by Parent/Guardian)

Verification of Residence

My child resides within the Hockinson School District boundaries with his Parent/Guardian.

My child does not reside within the Hockinson School District boundaries.

My child has attended the Hockinson School District continuously for a period of one calendar year.

My child has **NOT** attended the Hockinson School District continuously for a period of one calendar year.

All school athletes **must be covered by medical insurance** provided by Parent/Guardian for the duration of the athletic activity in which they participate. **Inform the school immediately should there be a change in insurance coverage.**

Name of Insurance Company _____

Policy Number _____

I have purchased school insurance for my child.

WARNING: Participation in any athletic activity will likely involve injury of some type to the athlete. Such injury can include direct physical and possibly crippling injury to one's body and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury, such as complete paralysis, or even death. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

I have read and understand the implications of the rules and regulations governing the participation of my son/daughter in WIAA activities/athletics and school activities sponsored by the Hockinson School District. I understand that he/she is expected to follow the rules and regulations of participation as outlined in the Hockinson School District Athletic Packet and Student Handbook, and should he/she violate these provisions, he/she will be disciplined. Failure to provide accurate information may result in the forfeiture of all contests in which the athlete participated. In addition, the athlete will be ineligible to participate in any Hockinson athletic program for one calendar year.

Parent/Guardian Signature _____ **Date** _____