



ATHLETIC ELIGIBILITY QUESTIONNAIRE

If this information does not change, you only need to submit this once a year.

Table with 7 columns: Student Name, Student#, Grade, DOB, Age, Gender, Sport(s)

Current Address: \_\_\_\_\_

- 1. I attended an Edmonds Public School last year...
2. I live with my parent(s)/guardian within my school's attendance area...
3. I will remain enrolled in at least five (5) HS classes...
4. I only attend classes at my school...
5. Last semester I was enrolled full time...
6. I am NOT a foreign exchange student...
7. I have not repeated a grade or withdrawn from school since 7th grade...
8. HS: I will be under the age of 20 on the first day of the season...
9. I have NOT sustained a significant injury during a school or non-school activity within the last year...

False information may result in the loss of athletic eligibility and the forfeiture of team games.

FERPA RELEASE:

I give permission for this student-athlete to appear in any publications for the purpose of telling of activities happening in the Edmonds School District.

LIMITED HIPAA RELEASE:

I hereby give permission for the staff at my child's school, including its nursing staff, to share relevant medical information with the District's Athletic Department, including athletic coaches and trainers.

MEDICAL INSURANCE-Check one box. (Medical insurance is mandatory to turn out. Company & policy # required)

- I have my own insurance with policy # and wish to waive the schools' athletic insurance.
I have purchased athletic insurance offered through the school district. (Date purchased:)

Medical expenses not covered by insurance are the responsibility of the family.

ATHLETIC FEE (\$100/HS or \$65/MS, payable to Edmonds School District) (Check one box)

- My user fee will be paid to the Athletic office prior to the first contest.
I qualify for free/reduced lunch, or other qualifying programs, and will go through the District's HB1660 Fees Waiver process.

**CONCUSSION INFORMATION ACKNOWLEDGEMENT**

My parent/guardian and I have reviewed the Concussion Information Sheet. We understand concussions are serious and if we see or experience signs or symptoms of a concussion, we will seek medical attention. Coaches will also be notified.

We have reviewed the Concussion Information Sheet.

**SUDDEN CARDIAC ARREST INFORMATION ACKNOWLEDGEMENT**

My parent/guardian and I have reviewed the Sudden Cardiac Arrest Information Sheet.

We have reviewed the Sudden Cardiac Arrest Information Sheet.

**PARENT/STUDENT/COACH COMMUNICATION**

My parent/guardian and I agree to follow all protocol listed within the document. Parents/Guardians will encourage their athlete to discuss athletic concerns with his/her coach before intervening. Appointments will be scheduled with coaches to discuss concerns rather than discuss them at practices or games.

We accept the protocol.  We do NOT accept the protocol.

*(Failure to accept the conditions of this document will result in immediate ineligibility.)*

**PARENT/GUARDIAN SPORTSMANSHIP ACKNOWLEDGEMENT**

I understand that the players, coaches and officials involved in athletics work hard to prepare for contests and my support and understanding are expected. It is a privilege, not a right, that I am admitted into contests in order to support the spirit of athletics and the endeavors of the players. I am expected to demonstrate respect and class for the players, coaches, fellow fans and officials by cheering great plays, accepting the calls by the officials and supporting everyone involved in the contest no matter what team they are on. If I fail to act in a respectful way, I may be asked to leave contests. I am expected to win with class and lose with dignity just like the athletes.

I accept my role in sportsmanship.  I do NOT accept my role in sportsmanship.

*(Failure to accept your role in sportsmanship will result in immediate ineligibility.)*

**STUDENT-ATHLETE SPORTSMANSHIP ACKNOWLEDGEMENT**

I am expected to treat my teammates, opponents, coaches, and officials with the same respect I expect from them. I will act with sportsmanship, play by the rules, play hard, have fun, accept the calls of officials, win with class and lose with dignity. I will represent my school and my team with excellence. I understand that participation in athletics is a privilege, not a right.

I accept my role in sportsmanship.  I do NOT accept my role in sportsmanship.

*(Failure to accept your role in sportsmanship will result in immediate ineligibility.)*

**ATHLETIC CODE ACKNOWLEDGEMENT**

My parent/guardian and I have read and understand the athletic code. We understand that athletes must be enrolled in at least 5 classes (2.5 HS credits or 12 Running Start credits) or 6 middle school classes, attend all periods in a day to be eligible for practices and games AND athletes must pass a minimum of 5 classes. Athletes shall not use or be at events where other students are using drugs, alcohol or tobacco. We understand that this code shall apply 24 hours a day, year around.

We accept the athletic code.  We do NOT accept the athletic code.

*(Failure to accept the conditions of the athletic code will result in immediate ineligibility.)*

I certify that my responses above are valid and accurate and I understand the terms of the athletic code. I also pledge to represent my school and team with great sportsmanship behavior.

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CLEARANCE**

TO BE COMPLETED BY ATHLETIC OFFICE

Parent Permission  Yes  No Phys. Exp. Date \_\_\_\_\_ Health History  Yes  No Emergency Card  Yes  No

Safety Guidelines  Yes  No ASB Card  Yes  No User Fee  Yes  No Fines Clear  Yes  No Grades OK  Yes  No

Insurance Purchase Date \_\_\_\_\_ Other \_\_\_\_\_



ATHLETIC EMERGENCY INFORMATION

In the event of a medical emergency, medical personnel may need to know the following information. If this information changes during the year, please submit a new form and notify your school's Athletic Secretary, as this is the form coaches carry with them at all times.

Athlete's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (Hm/Wk/Cell) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (Hm/Wk/Cell) \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Phone (Hm/Wk/Cell) \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone (Hm/Wk/Cell) \_\_\_\_\_

Athlete's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy Holder's Name \_\_\_\_\_

Name of Preferred Hospital \_\_\_\_\_

I understand that in the event of an emergency, medical personnel will provide whatever emergency treatment is necessary after all reasonable effort has been made to contact parent, legal guardian, and family physician.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete the following. If it does not apply, write N/A:**

Did you experience a significant injury during a school or non-school activity within the last year (concussion, surgery, broken bone, etc.)? If yes, explain. \_\_\_\_\_

\_\_\_\_\_

Known allergies: \_\_\_\_\_

\_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_

Important medical history including diabetes, heart disease, epilepsy, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_