

FOR OFFICE USE ONLY						Athletic Card Number _____				
SCHOOL YEAR _____		ASB _____		PHYS DATE _____		STUDENT # _____				
FALL:	FB	FP	GSOC	VB	GO	GSW	CC	BTE	CHEER	BWP
WINTER:	BBB	GBB	GYMN	WR	BSW	Dance	Cheer			
SPRING:	TR	BB	VB	BSOC	FP	GTE	GWP			

AUBURN SCHOOL DISTRICT ATHLETIC PARTICIPATION FORM

STUDENT NAME _____ M ___ F ___ GRADE ___ AGE ___ BIRTHDATE _____
 PARENT NAME _____ PARENT CELL PHONE _____ HOME PHONE _____
 HOME ADDRESS _____ CITY/STATE/ZIP _____

ATHLETIC ELIGIBILITY (High School only)

Please accurately answer the following questions pertaining to athletic eligibility. It is important to give accurate information.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The student is currently under an athletic suspension from previous school district. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student is on a waiver (non-resident, resident). |
| <input type="checkbox"/> | <input type="checkbox"/> | The student resides within the boundaries of the Auburn School District |
| <input type="checkbox"/> | <input type="checkbox"/> | The student resides with his/her parents/ legal guardians. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student was in attendance in school at least 15 weeks of the previous semester. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student passed 5 classes during the previous semester. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student is presently enrolled in the Auburn School District a minimum of 5 full-credit classes. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student is under 20 years of age. |

Is the student: ☐ Running Start ☐ Home Schooled ☐ Alternative School ☐ Other _____

Year entered ninth (9th) grade: _____ School attended last year: _____ Dates attended: _____ to _____

★ Student Signature _____ Date _____

★ Parent/Guardian Signature _____ Date _____

PARENT CONSENT/ASSUMPTION OF RISK

We hereby give our consent for our son/daughter to engage in interscholastic activities provided by the Auburn School District unless disapproved by the examining physician. We also give our consent for the student to accompany the team to other school venues. We will comply with and support the participation rules of the Auburn School District. This application to compete in interscholastic athletics in the Auburn School District #408 is made with the understanding that eligibility rules and regulations of the state association have not been violated. Competitive athletics is a voluntary extra-curricular activity and participation may result in severe injury, including paralysis or death. No amount of reasonable supervision or training can completely eliminate the risk of possible injury.

AS A CONDITION OF PARTICIPATION IN ATHLETICS, WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING STATEMENT.

★ Parent/Guardian Signature _____ Date _____

CONSENT FOR DISCLOSURE

I hereby authorize the physicians, athletic trainers, sports medicine staff and other health care personnel treating me to release information regarding the student-athlete's protected health information and related information regarding any injury or illness during the student-athlete's training for any participation in the Auburn School District. I further understand that it is at my request to comply with the requirements of his/her school and the release of protected health information to a coach, athletic director, of school official in connection with participation in interscholastic sports. This protected health information may concern the student-athlete's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, hospitals, and/or medical clinics and laboratories, athletic coaches, medical insurance coordinators, athletic and/or school administrators, and officials of the WIAA.

I, _____, parent or guardian of _____, understand that as a parent/legal guardian give authorization/consent for the disclosure of the student-athlete's protected health information is a condition for participation as an interscholastic athlete in the Auburn School District of the purpose of the undersigned student-athlete to participate in interscholastic sports. I understand that my protected health information is protected by the federal regulations under either the Health Information Portability and Accountability Act (HIPPA) or the Family Educational Right and Privacy Act of 1974 (FERPA) and may not be disclosed without either parent/legal guardian authorization under HIPPA or consent under the Buckley Amendment. I, the parent/legal guardian understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by HIPPA and/or FERPA. I, the parent/legal guardian, understand that I may revoke this authorization/consent at any time by notifying in writing the school's athletic director, but if I do, it will not have any effect on the actions of the Auburn School District officials took in reliance to this authorization/consent prior to receiving the revocation. This authorization/consent expires one year for the date it is signed.

★ Parent/Guardian Signature: _____ Date: _____

★ Student Signature: _____ Date: _____

MANDATORY ACCIDENT INSURANCE (Check One)

- ☐ My son/daughter is currently enrolled in the Student Accident Insurance Program offered through the Auburn School District. Information regarding this plan is available through your child's school office. (OFFICE CONFIRMATION REGARDING PURCHASE)
- ☐ My son/daughter is covered by the insurance listed below and I will continue to keep it in force throughout the sports season. If there are any changes in this status, I will contact the school to inform them of changes in insurance. The high school principal or designee is authorized to contact the company named below to verify coverage limitations. I accept full responsibility for the cost of treatment of any injury that my son/daughter may suffer while taking part in the program.

Name of Insurance Company: _____

Policy or Group #: _____

★ Parent/Guardian Signature _____

Date _____

PERMISSION FOR MEDICAL TREATMENT

In the event of an emergency requiring medical attention, we hereby grant permission to a physician or other hospital personnel designated by the Auburn School District's coaching staff to attend our son/daughter. We expect every effort will be made to contact us in order to receive our specific authorization before any treatment or hospitalization is undertaken.

★ Parent/Guardian Signature _____

Date _____

MEDICAL/HEALTH CONDITIONS

Please indicate if any of the following medical/health conditions apply:

Yes No Yes No

☐ ☐ Diabetic ☐ ☐☐ ☐ Asthma ☐ ☐☐ ☐ Concussion history? ☐ ☐

Does the student carry an Insulin Pack? _____

Allergies: Please give Type: _____

If yes, dates: _____

Other: _____

PHYSICIANS EVALUATION REPORT (ALL INCOMING 6TH AND 9TH GRADERS ARE REQUIRED TO HAVE A NEW PHYSICAL ON FILE)Auburn School District policy requires that:

- *** A current physical examination is completed prior to participation at the high school level (grades 9-12) and must be dated **AFTER JUNE 1st**, for the upcoming school year.
- *** A current physical examination is completed prior to participation at the middle school level (grades 6-8) and must be dated **AFTER JULY 1st**, for the upcoming school year.
- *** Physicals may be valid up to 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.**

PHYSICIAN'S EVALUATION REPORT

STUDENT NAME (PRINT): _____ DATE OF PHYSICAL EXAMINATION: _____

Clearance for participation in Auburn School District athletics: ☐ Yes ☐ No

Physical limitations and/or recommendations: _____

To be filled out for middle school wrestlers:

If _____ competes in wrestling, the minimum weight should be no less than _____ pounds.

Student Name (Print or Type) _____

Medical Examiner's name (Print or type) _____

Phone number _____

Clinic Address _____

Medical Examiner's signature _____

Date _____