

# La Conner School District Extra-Curricular Eligibility

Student Name \_\_\_\_\_  
Last First M.I.

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Risk Assessment (Sport specific) Golf \_\_\_\_\_ Track \_\_\_\_\_ Cheer \_\_\_\_\_

FB \_\_\_\_\_ VB \_\_\_\_\_ Soccer \_\_\_\_\_ BKB \_\_\_\_\_ WR \_\_\_\_\_ BB/SB \_\_\_\_\_

Concussion Form \_\_\_\_\_ SCA Form \_\_\_\_\_ (completion of this form April – August will carry through upcoming school year) Rev 04/2014

## Official Use Only

ASB			<input type="checkbox"/>
Activity Fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical good through _____			<input type="checkbox"/>
Medical Release			<input type="checkbox"/>
Insurance			<input type="checkbox"/>
Eligibility Code			<input type="checkbox"/>

### False information may result in the loss of extra-curricular eligibility and the forfeiture of team competitions.

- |   |                    |
|---|--------------------|
| 1. Do you reside within the La Conner School District?  | Yes _____ No _____ |
| 2. Do you reside with your parents?   | Yes _____ No _____ |
| 3. Are you currently enrolled in at least four (4) subjects?  | Yes _____ No _____ |
| 4. Were you enrolled as a full-time student and pass all your classes last semester?                          | Yes _____ No _____ |
| 5. Have you experienced any truancy issues last semester?   | Yes _____ No _____ |
| 6. Are you a foreign exchange student?  | Yes _____ No _____ |
| 7. Are you a new student in the La Conner School District?  | Yes _____ No _____ |
| 8. Have you repeated any grade or withdrawn from school at any time since the start of 7 <sup>th</sup> grade? | Yes _____ No _____ |

**WARNING:** Participation in interscholastic athletics can be dangerous, involving multiple risks of injury. Such injuries can range from abrasions, bruises and sprains to catastrophic injuries resulting in crippling conditions, paralysis, brain damage, and even fatality. Severe injuries can impair a student's ability to earn a living, engage in social and recreational activities and to generally enjoy life. Careful consideration should be given to the risks and dangers associated with interscholastic athletics before making a decision to participate.

The La Conner School District requires private insurance for all students participating in interscholastic activities and must be in place prior to any athletic practice/event. A student insurance plan is for purchase through the school offices. Parents/guardians are responsible for securing medical insurance coverage for their student and for any costs of medical treatment that may be incurred as a result of the student's extra-curricular activities participation. *Should any personal insurance information change during the school year, it is the responsibility of the parent/guardian to notify the District immediately before any extra-curricular participation may continue.*

Participation in an interscholastic activity such as athletics or Knowledge Bowl, or representing LCHS through ASB, band, choir or drama, is a privilege that carries a corresponding responsibility for exemplary conduct. Students are expected to abide by all school and extra-curricular policies as published by the school. Please review the attached LCSD Eligibility Code.

**We acknowledge that we have READ, UNDERSTAND AND WILL ABIDE BY the above information and the attached LCSD Eligibility Code, Concussion Information Sheet and Risk Assessment for each activity in which my child participates, which we also return signed and dated, and grant permission for the above named student to participate in interscholastic athletics/activities.**

X _____	X _____
<b>Student signature</b>	<b>Parent/Guardian signature</b>
<b>Date</b>	<b>Date</b>

### La Conner School District

#### Medical Emergency Authorization

Name of Student Participant \_\_\_\_\_

As parent/legal guardian, I authorize a qualified physician to examine the above named student and in the event of any injury, to administer emergency care and arrange for any consultation by a specialist, including a surgeon, he or she deems necessary to insure proper care of any injury. Every effort will be made to contact a parent or guardian to explain the nature of the problem prior to any involved treatment. A district staff member will remain with ill/injured student until a parent/guardian is present.

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

Home/Cell phone \_\_\_\_\_ / \_\_\_\_\_ Emergency contact name/phone \_\_\_\_\_

Medical Insurance Coverage \_\_\_\_\_ Policy number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Known allergies \_\_\_\_\_ Current medications \_\_\_\_\_