

**Snohomish School District
Athletic Eligibility Form****ATHLETIC ELIGIBILITY FORM**

**If this information does not change, you only need to submit this form once a year.
This form is valid through the conclusion of the WIAA Spring Sports Season.**

School	Student Full Name	Student ID #
GP		
2021-22 Grade	Gender	
10	Female	

I hereby request that the above named student be permitted to participate in the following sports (mark ALL that apply). Participation includes regular season activities and out of season activities, as allowed by WIAA. These activities include practices, competitions, weight training, conditioning, and camps that are arranged and/or supervised by Snohomish School District staff and may occur on or off campus.

CHECK NO MORE THAN ONE SPORT PER SEASON

Girls Soccer (HS – Fall), Girls Basketball (HS – Winter ; MS – Season 3), Girls Track and Field (HS – Spring ; MS – Season 4)

Please check True or False to the following questions:

1. The athlete only attended a Snohomish Public School during the 2020-21 school year.

True

2. The athlete lives within the school's attendance area in the Snohomish School District.

True

3. The athlete lives with their parent(s) or court appointed guardian(s).

True

4. The athlete will remain enrolled in at least five (5) HS classes (2.5 credits or 12 Running Start credits) or six (6) MS classes throughout the season.

True

5. The athlete only attends classes at their school (if they attend Running Start, Alternative School or Home School, mark false).

True

6. The athlete is NOT a foreign exchange student. (If the athlete is a foreign exchange student, mark false)

True

7. The athlete has NOT repeated a grade or withdrawn from school since 7th grade. (If they have repeated a grade, mark false)

True

8. HS: The athlete will be under the age of 20 on the first day of the sport season. MS: The athlete was under the age of 15 prior to June 1 of the previous school year.

True

Providing any false information or forged signatures may result in the loss of athletic eligibility for one full calendar year from the discovery of the false information or forgery.

MEDICAL INSURANCE/WAIVER

The athlete has medical insurance or has purchased medical insurance which covers athletics. The family agrees to assume full financial responsibility for medical expenses that may arise out of the athlete's participation and understand that the school district does not provide medical insurance for the athlete. The medical insurance provider will be listed on the Emergency Information Form.

Yes

ATHLETIC PARTICIPATION FEE ACKNOWLEDGEMENT

The athletic participation fee will be paid prior to the first contest. If the athlete qualifies for a fee waiver, a copy of the current year's free/reduced lunch acceptance letter will be submitted to the bookkeeper's office prior to the first contest.

Yes

CONCUSSION INFORMATION ACKNOWLEDGEMENT

The parent/guardian and the athlete have received, read and understand the information in the Concussion Awareness Pamphlet. 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. [concussion pamphlet](#) (print for your records)

Yes

SUDDEN CARDIAC ARREST INFORMATION ACKNOWLEDGEMENT

The parent/guardian and the athlete have received, read and understand the information in the Sudden Cardiac Arrest Awareness Pamphlet. [Sudden cardiac arrest pamphlet](#) (print for your records)

Yes

TRANSPORTATION ACKNOWLEDGEMENT

I hereby give permission for my child to travel to/from athletic events or activities in transportation arranged by school officials.

In the event that district provided transportation is not available, it will be the sole responsibility of the parent/guardian to arrange transportation to and/or from the event. School officials and coaches are only allowed to arrange transportation in school vehicles, when available.

We as parents and/or legal guardians of this student hereby certify that accident and liability insurance is carried on the personal vehicle(s) that may be used for this purpose.

We agree to release the Snohomish School District, its employees, agent's representatives, and coaches from any liability resulting from any injury occurring during transportation arranged by the parent or guardian while traveling to or from any school sponsored athletic events and assume responsibility to assure that the vehicle used to transport my son/daughter meets legal requirements for operation on a public highway in the State.

Yes

POOL

I understand that a pool may be available during off campus activities and/or workouts and may not be supervised by lifeguards. Swimming (no diving) will only be allowed when a coach or trip chaperone is present.

Yes

WARNING AND AGREEMENT TO OBEY INSTRUCTIONS

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving many RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in interscholastic sport(s) include but are not limited to death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, injury to internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal systems. I understand that the dangers and risks of playing or practicing to play/participate in the interscholastic sport(s) may result not only in serious injury, but also in a serious impairment of my future abilities. Because of the dangers of participating in the interscholastic sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc, and agree to obey such instructions. I further understand that by following the instructions provided by the Snohomish School District, the risk of injury described above may be reduced, but that due to the nature of the sport I have selected, there is still risk of injury regardless of the precautions taken or procedures followed. I further acknowledge that baseball, basketball, football, soccer and wrestling are sports which involve violent person-to-person contact and, therefore, the risk of injury in these sports is even greater than other sports. I understand that all sports can involve many RISKS OF INJURY, including, but not limited to, those risks outlined. I also understand that the consequences of injury may exceed the benefits afforded by my own medical insurance and acknowledge that the District has informed me of this possibility. I agree to hold harmless and indemnify the Snohomish School District, its employees, officers and agents from all claims, liability, actions or lawsuits, except for acts or omissions involving the sole negligence of the School District.

Yes

FERPA RELEASE:

I give permission for this student-athlete to appear in any publications, including digital media, for the purpose of telling of activities happening in the Snohomish School District. I understand that these publications might include school informational or promotional brochures, pictures, newspaper articles, websites, team social media and/or newsletters relating to school activities.

Yes

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. I understand that should any questions arise about a past or present medical issue potentially affecting my child's eligibility for athletics or activities in this District, and I refuse to provide additional medical information if requested, my child may be deemed ineligible to participate in District athletics or activities until such information is provided.

Yes

ATHLETIC CODE ACKNOWLEDGEMENT

The parent/guardian and the athlete have received, read and understand the Snohomish School District Athletic/Activity Code, including the requirements for academics, attendance, behavior and prohibited substances. We understand that coaches may have additional requirements for their program that are communicated with players and parent/guardians and we agree to abide by those standards, as well. [Athletic code](#) (print for your records)

We accept the athletic code.

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

We certify that the responses above are valid and accurate.

Providing any false information or forged signatures may result in the loss of athletic eligibility for one full calendar year from the discovery of the false information or forgery.

Student Name (Print)

[REDACTED]

Student Signature

[REDACTED]

Date

06/14/2021

Pursuant to the Washington Uniform Electronic Transmissions Act, an electronic signature has the same legal effect as a manual or handwritten signature. An electronic signature will not be denied legal effect or enforceability solely because it is electronic, and any requirement for a signature is satisfied by an electronic signature. By submitting an electronic signature, the individual identified and providing the electronic signature herein verifies acknowledgement of the binding legal effect and enforceability of the electronic signature. By clicking the box beside "I agree", you agree that this is valid as your signature. You hereby swear that you are the above named student and that the information is accurate to the best of your knowledge.

Yes I Agree


Parent/Guardian Name (Print)

[REDACTED]

Parent/Guardian Signature

Date

06/14/2021



Pursuant to the Washington Uniform Electronic Transmissions Act, an electronic signature has the same legal effect as a manual or handwritten signature. An electronic signature will not be denied legal effect or enforceability solely because it is electronic, and any requirement for a signature is satisfied by an electronic signature. By submitting an electronic signature, the individual identified and providing the electronic signature herein verifies acknowledgement of the binding legal effect and enforceability of the electronic signature. By clicking the box beside "I agree", you agree that this is valid as your signature. You hereby swear that you are the parent or legal guardian of the above named student and that the information is accurate to the best of your knowledge.

Yes **I Agree**

Submitted by IP 10.0.11.163 on 6/14/2021 11:49:18 AM