

ANACORTES SCHOOL DISTRICT ATHLETIC REGISTRATION FORM

Student Name: _____ Grade: _____ Birthdate: _____

School Year: 2008-2009 School (Circle One): **Anacortes High School** **Anacortes Middle School**

Student Address: _____

Parent/Guardian Address: _____

Phone: Home No. () _____ Work No. () _____

Person(s) with whom student resides if other than parent/guardian: _____

ATHLETIC ELIGIBILITY

Please answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information. **Note: A participant/parent/guardian who provides the school with false information may result in the participant being declared ineligible from interscholastic competition for a period of one year (WIAA 27.3.0).**

Yes No The above **high school student** is under 20 years of age on Sept. 1 (Fall), on Dec. 1 (Winter) and March 1 (Spring)?

Yes No The above **middle school student** has not reached their 15th birthday prior to June 1 of the previous school year?

Yes No The above student resides within the boundaries of the Anacortes School District?

Yes No The above student resides with their parents/legal guardians?

Yes No The above student was in attendance in school at least 15 weeks of the previous semester.

Yes No The above student passes as least four (4) **Anacortes HS/seven (7) Anacortes MS full credit classes the previous semester?**

Yes No The above student is presently enrolled in a minimum of **three (3) 1.0 credit Anacortes HS/seven (7) Anacortes MS full credit classes? Note: Seniors on tract to graduate may take reduced loads.**

School attended last year: _____

From (month/year) _____ / _____ to _____ / _____

Student Signature _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

INSURANCE WAIVER/COVERAGE

I understand that it is required that my son/daughter be covered by Medical Insurance while participating in school sponsored athletics. I am aware that the Anacortes School District offers a School Accident Coverage Plan (Mega-Life and Health Insurance Company). Because I have personal coverage equal to or superior to the coverage offered by the school district, I choose not to purchase the School Accident Coverage Plan. I accept full financial responsibility for the cost of any and all medical treatments that my son/daughter may require for any injury incurred while participating in any school extra curricular activity. **(Check One Below)**

I have adequate insurance coverage with:

_____ (Medical) _____ (Dental)

Insurance Member No. _____ Policy No. _____ Group No. _____

I do not have adequate insurance and want to enroll my son/daughter in the School Athletic Insurance Program (Mega-Life and Health Insurance Company) offered through the School District. I understand that it is my responsibility to obtain the necessary forms from the District Athletic Office.

Parent/Guardian Signature _____ Date _____