

ANACORTES SCHOOL DISTRICT ATHLETIC REGISTRATION FORM

ANACORTES SCHOOL DISTRICT #103 – INFORMED CONSENT FORM -#4921-R.F-2A

Student Name: _____ has my consent and authorization to participate in any all of the school District athletic program(s) (check below):

<input type="checkbox"/> Cross Country	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball*	<input type="checkbox"/> Cheerleading
<input type="checkbox"/> Football*	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Fastpitch	<input type="checkbox"/> Drill Team
<input type="checkbox"/> Soccer	<input type="checkbox"/> Tennis	<input type="checkbox"/> Golf	
<input type="checkbox"/> Swim/Dive	<input type="checkbox"/> Wrestling*	<input type="checkbox"/> Track and Field	

PARTICIPANT WAIVER AND RELEASE

"I have read the warning letter from the Superintendent and understand its content. I am aware that participating or practicing to participate in any extra-curricular activities can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of participating or practicing to participate include, but are not limited to the risk of death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to internal organs, joints, muscles, and serious injury or impairment to other aspects of my body, general health and well being. I understand the dangers and risks of participating or practicing to participate, may result no only in serious injury but in a serious impairment for an indefinite period of time, including my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the danger of participating, I recognize the importance of following coaches and advisors instructions regarding playing techniques, training and other team or activity rules etc. I agree to obey such instructions.

Being fully informed as to these risks and in consideration of the privilege of participation, I hereby assume all risk of injury or liability for any personal injury, death, or other consequences arising out of participation in the activity"

Date: _____
(Signature of Participant)

Date: _____
(Signature of Parent/Guardian)

*The following is to be completed only if the activity is football, wrestling or baseball:

I specifically acknowledge that (indicate activity) _____ is a **VIOLENT CONTACT SPORT** involving even greater risk of injury than other activities.

(Parent Signature)

(Student Signature)

PHYSICAL EXAM

Date of most recent Physical Exam (Month/Day/Year) _____ / _____ / _____

Completed and turned in to the Anacortes District Athletic Office, the WIAA approved physical exam form.

(Initials)

ATHLETIC/ACTIVITY CODE

I/we realize it is considered a privilege to participate in the athletic/activity programs of Anacortes School District. I hereby agree to obey the following rules and regulations set up by the Anacortes School District and the Washington Interscholastic Activities Association (WIAA). I/We agree to abide by the rules and regulations of the **Anacortes High School or Middle School Athletic/Activity Code**. I/we authorize local law enforcement to release arrest information relating to delinquent behavior, drug, alcohol consumption for my/our student athlete, upon request to the Anacortes School District.

Student
Signature: _____ Date: _____

Parent/Guardian
Signature: _____ Date: _____