

FALL B.TEN CC CHE FB B.GO G.GO G.SOC VB
WINTER B.BB CHE G.BB WRE
SPRING BB B.SOC FP G.TEN TRA

ASB CARD _____
ATHLETIC FEE PAID _____
PHYSICAL DATE _____

WHITE RIVER HIGH SCHOOL ATHLETIC PARTICIPATION FORM

NAME: _____ GENDER: _____ GRADE: _____ AGE: _____ BIRTHDATE: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

ATHLETIC ELIGIBILITY

Please answer the following questions pertaining to athletic eligibility. A participant/parent/guardian providing the school with false information may result in the participant being declared ineligible from interscholastic competition for a period of one year.

yes no **The above student resides within the boundaries of the White River School District 416 with parents or legal guardian.**

yes no The above student was enrolled in the White River School District 416 during the last school year. If no, list school student attended last year: _____

yes no The above student is under 20 years of age.

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

yes no The above student passed at least (6) full credit classes the previous semester.

yes no The above student is presently enrolled in the White River School District in a minimum of (4) full credit classes.

yes no Student is in Running Start?

yes no Student is a registered home school student?

yes no Has the above student repeated a grade after entering grade 7?

Date entered ninth (9th) grade _____ (month) _____ (year)

Student Signature _____ Date _____

Parent Signature _____ Date _____

INSURANCE

We understand that our son/daughter cannot participate in boys' or girls' interscholastic athletics unless he/she is insured by the school accident coverage plan or a private insurance plan that will cover athletic injuries. (Please check one below.)

We have adequate insurance coverage with _____ (medical) and _____ (dental). The policy/policies will be kept in force throughout the sports season. I accept full responsibility for the cost of treatment for any injury my son/daughter may suffer while participating in the school's interscholastic athletic program.

We do not have adequate insurance coverage and want to enroll our son/daughter in the school athletic insurance program offered through the School District. I understand that it is my responsibility to obtain the necessary forms from the White River High School Athletic Office.

Parent Signature _____ Date _____

PARENT CONSENT/ASSUMPTION OF RISK

We hereby give our consent for our son/daughter to engage in interscholastic activities provided by the White River School District unless disapproved by the examining physician. We also give our consent for the student to accompany the team on out-of-town trips. We have read, understand, and will comply with the Athletic Code of the White River School District. This application to compete in interscholastic athletics in the White River School District 416 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 Signature _____ Date _____

