

SCHOOL YEAR	ASB	FINES	PHYS DATE
FALL	FB G SOC VB GO G SW CC B TE CHEER MG		
WINTER	B BB G BB B SW WR DANCE GYMN CHEER MG		
SPRING	TR B SOC BB FP G TE MG		
MS FALL	FB FP MGR		
MS WINTER #1	B BB DANCE MGR	MS WINTER #2	G BB WR MGR
MS SPRING	TRACK BA VB MGR		

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TAHOMA SCHOOL DISTRICT ATHLETIC PARTICIPATION FORM

NAME _____ M ___ F ___ GRADE _____ AGE _____ BIRTHDATE _____

RESIDENCE (home address) _____ PHONE _____

ATHLETIC ELIGIBILITY

Please *accurately* answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information. 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.

- yes ___ no ___ The above student is under 20 years of age. **TMS**
- yes ___ no ___ The above student resides within the boundaries of the Tahoma School District.
- yes ___ no ___ The above student resides with his/her parents / **legal** guardians. **CRMS**
- yes ___ no ___ The above student was in attendance in school at least 15 weeks of the previous semester.
- yes ___ no ___ The above student passed 5 classes during the previous semester.
- yes ___ no ___ The above student is presently enrolled in the Tahoma School District with a minimum of 5 full credit classes.

Is student: ___ Running Start ___ Registered TSD Home Schooled ___ Alternative School ___ Other: _____
 Year entered Seventh (7th) grade _____
 Year entered Ninth (9th) grade _____

School attended last year: _____ From (Year) _____ To (Year) _____

Student Signature _____ **date** _____

Parent/Guardian Signature _____ **date** _____

PARENT CONSENT/ASSUMPTION OF RISK

We hereby give our consent for our son/daughter to engage in interscholastic activities provided by the Tahoma 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 Tahoma School District. This application to compete in interscholastic athletics in the Tahoma School District 409 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 sever 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/Guardian Signature _____ **date** _____

STUDENT EMERGENCY INFORMATION

NAME _____ GRADE _____ AGE _____ PHYSICAL EXPIRES _____

RESIDENCE (home address) _____ BIRTHDATE _____

HOME PH# _____ PERSON TO CALL IF INJURED _____ PH# _____

ALTERNATE PERSON TO CALL _____ PH# _____

PRIVATE DOCTOR _____ ADDRESS _____ PH# _____

MEDICINE IN USE _____ MEDICINE ALLERGIC TO _____

HEALTH CONDITIONS COACH SHOULD BE AWARE OF _____

SCHOOL INSURANCE - YES NO PRIVATE INSURANCE CO. _____

PERMISSION FOR MEDICAL TREATMENT

In the event of an emergency requiring medical attention, we hereby grant permission to a physician or other hospital personnel designated by the Tahoma School District's Coaching Staff to attend our son/daughter. We expect every effort will be made to contact us in order to receive our specific authorization before any treatment or hospitalization is undertaken.

Parent/Guardian Signature _____ **Date** _____

MANDATORY ACCIDENT INSURANCE (check one)

Option 1 _____ My son/daughter is currently enrolled in the Student Accident Insurance Program offered through the Tahoma School District.

Option 2 _____ My son/daughter is covered by the insurance listed below and I will continue to keep it in force throughout the sports season. If there are any changes in this status, I will contact the school to inform them of changes in insurance. The high school principal or designee is authorized to contact the company named below to verify coverage limitations. I accept full responsibility for the cost of treatment of any injury that my son/daughter may suffer while taking part in the program.

Name of Company Providing Insurance: _____

Policy or Group #: _____

Parent/Guardian Signature _____ date _____

MEDICAL EVALUATION REPORT

Tahoma School District policy requires that:

- **Physicals are valid for 24 months from the date of the examination.** WIAA Rule 18.13.4
- **Physical expiration dates must extend beyond the respective WIAA season ending date.**
- **Expiration dates occurring within a sport season shall require a new examination prior to that season.**

PHYSICIAN'S REPORT:

Date of Physical Examination: _____

Clearance for FULL participation in Tahoma School District athletics: Yes _____ No _____

Physical limitations and/or recommendations _____

WRESTLING:

If _____ competes in wrestling he/she should not be allowed to wrestle at any weight less than
student/athlete name grades 7-8: 80, 85, 90, 95, 100, 105, 110, 115, 120, 130, 137, 145, 154, 164, 175, 275 (please circle wt.)
grades 9-12: 103, 112, 119, 125, 130, 135, 140, 145, 152, 160, 171, 189, 215, 275 (please circle wt.)

Physician's Name (print or type) _____ Phone Number _____ Clinic Address _____

Physician's Signature _____ **Date** _____

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TAHOMA BEARS