

Sumner School District #320 – Athletic/Activity Eligibility Form

Minimum academic requirement to participate
2.0 GPA and passing all classes.

Student Name (Last) _____ (First) _____ (MI) _____ Male ___ Female ___

Address _____ City _____ Zip _____

Birth Date _____ Phone _____ School Attending _____ Grade _____

List Sports/Activities the student plans to participate in (Middle School, High School or Both):

Sports: 1. _____ 2. _____ 3. _____ 4. _____

Activities: 1. _____ 2. _____ 3. _____ All School Activities (check here) _____

1. Physical Exam

The above-named student was examined based on the WIAA standards for physical examinations. I do certify that he/she is physically fit to participate in those sports listed above at *middle school and high school level for 24 months* beginning on the date below. Attached is a description of any abnormalities, allergies and/or limitations if applicable.

Physician's signature: _____ Date: _____

2. Athletic Eligibility (Parent & Student – Please sign below after reading)

Please 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 being declared ineligible from interscholastic competition for a period of one year.

- yes ___ no ___ The above student is under 20 years of age for High School participation and under 16 for Middle School
- yes ___ no ___ The above student resides within the boundaries of the Sumner School District.
- yes ___ no ___ The above student resides with their parent(s)/legal guardian(s).
- 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 3 full credit classes in the previous quarter for high School or 5 for Middle School.
- yes ___ no ___ The above student is presently enrolled in a minimum of 3 full credit classes at the High School or 5 at the Middle School.

Previous school attended (if not in the Sumner District) _____ from (month/year) _____ / _____

3. Student Insurance Coverage

I understand that my son/daughter cannot participate in any Sumner School District athletic/cheerleading program unless he/she is covered by medical/accident insurance. Medical/accident insurance may be purchased through the student accident insurance protection plan, or the student may be covered by a family insurance plan. (Note: Student accident insurance protection is secondary coverage if parents have their own insurance plan.) Please indicate by checking one of the spaces below, which option you plan to select.

_____ Option #1 I/we are purchasing the student accident insurance protection plan for the 20__ / 20__ school year.

School Use Only
Payment Remitted _____

_____ Option #2 I/we have accident insurance coverage and will continue to keep it in force through the interscholastic season(s); therefore, I/we do not wish to enroll the above-named student in the accident insurance protection plan. I/we accept full responsibility for the cost of treatment for any injury that he/she may suffer while participating in the athletic/cheerleading program. Please waive this requirement and allow him/her to participate in the program.

4. Student Signature: (Please read carefully before signing below.)

- I declare that all of the above information is true and correct.
- I have read, signed, agreed to abide by, and have in my possession, the Code of Conduct Training Rules.

Student Signature _____ Date _____

5. Parent Signature & Student Information/Participant Photo Release: (Please read carefully before signing below)

- I declare that all of the above information is true and correct.
- I have read, signed, agreed to abide by, and have in my possession, the Code of Conduct Training Rules.
- I hereby give my permission for the above-named student to engage in the extracurricular programs listed above for the 20__ /20__ school year. I understand my son/daughter has chosen to participate in a Sumner School District program, which could lead to serious injury or death. I understand the risks and acknowledge the potential for serious injury or death to occur to my son/daughter.
- I hereby grant permission for my child named above, to appear in photographs taken at school or during school athletic events and functions. I understand that the school district will retain copyright of these photographs, and any and all rights to the photographs in this and any future district publications, in any format or media. This release also extends to the use of my child's photograph on the district website.
- I further acknowledge and give consent that my child may be included in television or newspaper articles, photographs or film by local or regional news bureaus. I understand that the news agency will retain copyright of these photographs and interviews including any and all rights to the photographs or interviews in this and any future publications, in any format or media.
- I further give consent to allow the release of my child's free/reduced lunch status to the school.

Parent Signature _____ Date _____