

**Shorecrest High School**  
**ATHLETIC PARTICIPATION PERMISSION FORM**

**SPORT** \_\_\_\_\_ **Grade** \_\_\_\_\_

Boys  Girls

**All forms must be returned to Mr. Loland (attendance office) before a student can participate. In order to insure eligibility for the first day of turnout, forms must be returned in advance of the first practice.**

***New forms are required for each new sport or sport season.***

Student Name (Please print) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street City Zip

Person(s) with whom student resides \_\_\_\_\_  
*If living with guardian, by WIAA rule, proof of court ordered/appointed guardianship must be presented.*

School currently attending \_\_\_\_\_ Month & year enrolled @ SC \_\_\_\_\_  
Month/Year

School attended last year \_\_\_\_\_

**STUDENT ATHLETIC CONTRACT AGREEMENT**

*Please answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information. False information may result in the participant being declared ineligible for interscholastic competition.*

- Yes  No I have read the *Student Athletic Contract* and the *Student Academic Athletic Eligibility Guidelines* pertaining to the responsibility of a member of a Shoreline School District athletic program and understand the responsibility to the team as well as to the school.
- Yes  No Does the above student reside within the boundaries of the Shoreline School District?
- Yes  No Does the above student reside with his/her parent?
- Yes  No Is Shorecrest the only high school this student has ever attended?
- Yes  No Was the above student enrolled in **5 or more classes the previous and current semesters?** (New WIAA rule)
- Yes  No Did the above student pass all classes last semester?
- Yes  No Is this student a:  *Running Start*  *Home School* or  *Alternative School* student?
- Yes  No Did the above student repeat the 7<sup>th</sup> or 8<sup>th</sup> grade?
- Yes  No Did the above student repeat any grade during 9<sup>th</sup> – 12<sup>th</sup> grade?

**HEALTH INSURANCE ACCIDENT PLAN COVERAGE**

*A student cannot participate in interscholastic athletics unless he/she is covered by the School Accident Coverage Plan or an equivalent plan provided by the family.*

- Yes  No The above student is enrolled in an insurance plan equivalent to or better than the Washington State Industrial Insurance Fee Schedule for doctors' services or hospitalization and will continue to keep it in force throughout the sports season; therefore, I do not wish to enroll my student in the School Accident Coverage Plan.

**NAME OF COMPANY PROVIDING COVERAGE** \_\_\_\_\_

- Yes  No The above student has purchased **School Accident Coverage Plan Insurance.**

Students cannot participate in interscholastic athletics until the following have been turned in to the Business Office:

- Shoreline School District Secondary Student Health Report form signed by a medical authority licensed to perform a physical examination, which provides clearance for athletic participation in secondary school for up to 24 months.
- Student Athletic Emergency Information form signed by parent/guardian. • Head Injury/Concussion Information Form Athletic Participation Permission form completed with Parent/Guardian signature **AND** student signature

In addition to the above requirements, the following fees must be paid after cuts are made and prior to the first competition:

1. Payment of \$100.00 Athletic Participation Fee (per sport)
2. Purchase of a **\$40.00** Associated Student Body sticker for student I.D. card.

- *I accept full responsibility for the cost of treatment for any injury that my student may suffer while taking part in the program.*
- *I agree to meet all of these requirements. give my permission for the above student to participate and agree to abide by the Shoreline Student Athletic Contract.*

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student signature