

MERIDIAN 2016-2017 ELIGIBILITY FORM

P X = PARENT SIGNATURE REQUIRED

S X = STUDENT SIGNATURE REQUIRED

CHECK ALL THAT APPLY: Baseball ___ Basketball (B) ___ Basketball (G) ___
 Cheer ___ Cross Country ___ Fastpitch ___ Football ___ Golf (B) ___ Golf (G) ___
 Soccer (B) ___ Soccer (G) ___ Track/Field ___ Volleyball ___ Wrestling ___

**This Section
For All
Participants**

Meridian School District #505 Entrustment of Care of Minors

All questions must be completed by Parent/Guardian

Name

Address, City, Zip

Grade

Age

Parent/Guardian

Phone

Emergency Contact

Phone

Running Start Student – YES or NO (Please circle one)
 fill out WIAA Eligibility Form found in front high school
 office

Please specify ANY health conditions or concerns (ie: allergies, asthma,
 diabetes)

Authorization for Emergency Medical Care • Parent/Guardian Signs

This is to certify that I/we do authorize and direct any medical or surgical care including anesthesia, laboratory x-rays, and other procedures necessary in the emergency medical care of the above named minor during the school year and ensuing summer.

P X

Signature of Parent/Guardian

Date

**This Section
For
All Participants**

Risk Statement

Every effort is made by the Meridian School District to provide safe facilities and proper coaching/advising. But notwithstanding these precautions, students may be injured. Playing or practicing in any sport/activity can be dangerous activity involving many risks of injury. These risks may include, but are not limited to: death, serious neck and spinal injury, paralysis, brain damage, etc. The result of these injuries could seriously impair one's future activities to earn a living, participate in social and recreational activities, and generally to enjoy life. Playing or practicing to play/participate in any sport/activity can involve injuries to the back, bones, ligaments, joints, eyes, teeth, etc. The result of these injuries could limit participation.

Because of the potential for injury, all athletes/activity participants must follow the coach's/advisor's instructions regarding playing techniques, training, and activities.

As an assumption of risk, my signature below indicates that I have read the statement above and understand the potential for risk of injury in interscholastic sports and/or ASB clubs, activities, and performance groups.

P X

Signature of Parent/Guardian

Date

S X

Signature of Student

Date

•Please sign and return this paper to the Athletic Director

•Get current doctor's physical (See back)

•Buy an ASB card and clear all school fines

Insurance Information

INSURANCE – Each student participant must be covered by athletic insurance to be eligible to represent the school in interscholastic competition. A student can be covered in one of the following two ways:

1 Purchase School Insurance.
 (Pick up insurance forms in the Athletic Office)

OR

2 Sign Waiver of Accident Insurance Coverage below:

I have adequate accident insurance coverage for my student. I will continue to keep it in force throughout the sports season, and therefore do not wish to enroll.

My student is covered by the following company:

Name of Insurance Company

Policy #

Address, City, State, Zip

Phone

P X

Signature of Parent/Guardian

Date

**This Section For
All Participants**

Parent Permission Statement

I have read the Extra-curricular Code. I hereby give consent to my son/daughter to participate in the following, directed by the Meridian School District during the school year and ensuing summer:

* Copies of the Extra-curricular Code are available in the high school Main Office and at <http://www.meridian.wednet.edu/mhs/>

Please check all appropriate boxes

Athletics

ASB Activities/Clubs

P X

Signature of Parent/Guardian

Date

**This Section For
All Participants**

Eligibility Statement

I certify that I meet the attached eligibility requirements. Furthermore, I have read and understand the Extra-curricular Code and will adhere to its directives.

S X

Signature of Student

Date

