STUDENT NAME (Please print neatly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade 9 10 11 12

ORTING SCHOOL DISTRICT

ATHLETIC ELIGIBILITY QUESTIONNAIRE(High School)

Please answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information. A parent/guardian/participant that provides false information may result in the athlete being declared ineligible from interscholastic competition for a period of 1 year.

\_\_\_\_yes \_\_\_\_no The above student is under 20 years old. Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_yes \_\_\_\_no The above student resides within the boundaries of the Orting School District where he/she attends.

\_\_\_\_yes \_\_\_\_no The above student resides with his/her parents/legal guardians.

\_\_\_\_yes \_\_\_\_no The above student is new to the Orting School District.

\_\_\_\_yes \_\_\_\_no The above student was in attendance in school at least 15 weeks of the previous semester.

\_\_\_\_ yes \_\_\_\_no The above student was enrolled in at least 5 of 6 classes the previous semester.

\_\_\_\_yes \_\_\_\_no The above student had a 2.0 g.p.a. or higher the previous semester.

\_\_\_\_yes \_\_\_\_no The above student is presently enrolled in the Orting School District with a minimum of 5 classes.

\_\_\_\_yes \_\_\_\_no Student is enrolled in Running Start?

\_\_\_\_yes \_\_\_\_no Student is Home Schooled?

\_\_\_\_yes \_\_\_\_no Student is in Alternative School/Nova Net?

School attended last year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Proof of Health Insurance**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent / Guardian Student Athlete

to engage in interscholastic athletics in the Orting School District for the 2014-2015 school year. I have chosen one of the following options for accident insurance:

1. I wish to purchase a school medical insurance plan: YES NO

I wish to purchase a school dental insurance plan: YES NO

1. I have my own accident insurance coverage, and my son / daughter will be insured through the entire sports season: YES NO

If yes, please provide:

 Medical Insurance Co. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dental Insurance Co. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Parent / Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DATE: \_\_\_\_\_\_\_\_\_\_\_**

**ATHLETIC ELIGIBILITY CODE**

By signing below, we acknowledge that we have received, read and understand the Orting School District Athletic/Activity Eligibility Code. We agree to abide by all the regulations set forth in this code for all students involved in athletics and/or activities. Once signed and returned, the student is agreeing to abide by this code throughout their entire time in the Orting School District.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

**Student Signature** Date **Parent / Guardian Signature** Date

**Concussion Information Sheet**

By signing below, we acknowledge that we have received, read and understand the concussion warning/information sheet we received in the athletic eligibility packet.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

**Student Signature** Date **Parent / Guardian Signature** Date