

# FOSTER HIGH SCHOOL ATHLETIC REGISTRATION FORM

## SECTION I: EMERGENCY MEDICAL INFORMATION

### STUDENT/ATHLETE

*Sport(s)* \_\_\_\_\_

Student-Athlete Name: \_\_\_\_\_  
(Please Print) (Last) (First) (Middle Initial)

Male: \_\_\_\_ Female: \_\_\_\_ Grade: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PARENT/GUARDIAN

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Please Print)

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### EMERGENCY CONTACT ALTERNATE

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Please Print)

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## SECTION II: MANDATORY INSURANCE INFORMATION

I understand that my son/daughter cannot participate in boys/girls athletic programs unless he/she is covered by the Student Accident Insurance program offered through the Tukwila School District or is covered by a plan which has coverage equal to or greater than the Student Accident Insurance program.

Option 1 \_\_\_\_ My son/daughter is currently enrolled in the Student Accident Insurance Program offered through the Tukwila School District. **(Application packet must be included with this registration)**

Option 2 \_\_\_\_ My son/daughter is covered by an insurance program. I will continue to keep the insurance in force throughout the sports season and will notify the Tukwila School District athletic office if the plan is changed or is terminated. Therefore, I do not wish to purchase the Student Accident Insurance for my son/daughter being offered by the Tukwila School District.

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Medications taken: \_\_\_\_\_

Medical conditions that the coach should know about: \_\_\_\_\_

Allergies (drug, food, etc.): \_\_\_\_\_ Date of Last Tetanus Immunization: \_\_\_\_\_

Office use only:	Physical Expiration Date: _____ (To be completed by TSD staff)
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### SECTION III: INJURY RISK/PARENT PERMISSION

**Athletic activities are inherently dangerous.** Accidents can happen and a risk of serious injury exists. Your signature below indicates that you have been advised that there is a risk of injury that could occur during any sports activity, and that, by signing this form, the student athlete and his/her parent(s) give permission for the named student-athlete to participate in the sports activity, and will hold the Tukwila School District, school board, coaches, officials, volunteers, parents, students, and all other Tukwila School District employees and agents harmless for any and all costs, claims, awards, judgments, or attorney fees for damages arising out of or in any way resulting from or brought by voluntary participation in these sports activities. You also agree to pay for all medical care not covered by the above-noted insurance policy arising from participation. Furthermore as parent/guardian, in the event of an injury I authorize a coach to administer emergency care and arrange for consultation by a qualified physician if deemed necessary by a coach to insure proper care of an injury.

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### SECTION IV: ATHLETICS CODE AGREEMENT

#### STUDENT/ATHLETE

As a Bull Dog, I recognize that it is a privilege to play on a Bulldog team, and will provide my best. I will observe all guidelines for good athletes as established by our coaches and I will comply with their direction at all times. I will show, through my attitude and conduct – respect for my school, coaches, game officials, parents, opponents and myself. I will observe the rules of good sportsmanship during all events, activities and practice. I will play hard and never forget that sports promote health, enthusiasm and smiles, while playing a game. I will make every effort to do well in school and be a good citizen in every way throughout my entire High School career. I will always be mindful of my appearance and will conduct myself as a lady/gentleman at school and away, since my identity does not change with my location. I certify that I have read the Tukwila School District Athletic Handbook, that I have carefully reviewed the information contained in the handbook and that I agree to adhere to the policies and standards established by the board of directors.

☐ I understand that using drugs or being present at a gathering of students where alcohol or drugs (including steroids) are present is a VIOLATION of the Activities Code and can result in discipline or suspension.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### SECTION V: ELIGIBILITY AND PARENT PERMISSION

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 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 and will remain under 20 until March 1 <sup>st</sup>
___ Yes	___ No	The above student resides within the boundaries of the Tukwila School District.
___ Yes	___ No	The above student has resided with their parent(s)/legal guardian(s) for a one year period.
___ Yes	___ No	The above student passed at least 5 classes in the previous grading period.
___ Yes	___ No	The above student is presently enrolled in a minimum of 5 academic classes.
___ Yes	___ No	The above student attended Foster High School last school year as a student.
___ Yes	___ NO	___ N/A If a Running Start student, I have completed the Running Start contract.
___ Yes	___ NO	___ N/A If a home school student, I have registered with the Tukwila School District as a home school student.

Please check one box

☐ My son/daughter has permission to participate in **ALL** school district athletic/activity programs.

☐ My son/daughter **DOES NOT** have permission to participate in the following sports: (please list)

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_