2017-2018 Hockinson High School Athletic/Activities Application and Eligibility Checklist

Stude	nt:	Gra	de	Gender			
Parent/ Guardian			_ Best parent contact #:				
Addre	SS	_City_		Zip			
Sport:	Fall Winter		Spring	J			
Activit	ies:				-0:		
Seaso	n Limitations: (The remainder of this form needs to be con	npleted	l by pai	rent or guardian)			
•	Age:						
•	Birthdate:	or	NO	(circle)			
Reside	ent: (Please check if applies)						
	Student resides within the Hockinson School District bour been enrolled in Hockinson School District for one year o			nis/her parent/guardian and	has		
	Student resides within the Hockinson School District bour NOT been in continuous attendance at Hockinson for the Hockinson?			. –			
Non-R	esident/Boundary: (Please check if applies)						
	Student is NOT a resident within the Hockinson School Disof Hockinson schools for more than one continuous school student start at Hockinson?				ance		
	Student is not a resident within the Hockinson School Dist attendance of Hockinson Schools for one continuous year Hockinson?Sports played in/outside	. → If	check	red, date started at			
<u>Schoo</u>	<u>I status</u> : (Please circle Yes or No)						
•	Did student attend previous semester at Hockinson? YE *If NO, where did student attend last semester: _						
•	Is student enrolled half time or more at HHS? YES or *If NO, how many classes at HHS?	NO (0	circle)				
•	Does student attend Skills Center? YES or NO (d	circle)					
•	Does student attend Running Start? YES or NO (c *If YES, student must fill out WIAA Running Sta		ibility l	Form. (Get from ASB offic	;e)		

• Is student Home Schooled? YES or NO (circle)
*If YES, student must fill out WIAA Home-Based Education Form. (Get from ASB office)

					ountry?orm. (Get from	n ASB offic	e)
Concurrent sport: Stude	nt is participa	ating in only on	e HS sport p	er season?	YES or N	0	
Physical Exam: Student p	passed a Spo	rt's Physical?	YES or	NO Date o	f last exam:		
Medical Insurance: All so insurance with a minimum of the activity in which they insurance coverage.	of \$25,000 in	medical cover	age provided	d by the pare	nt or guardian	for the dura	ition
BELOW, PLEASE CHE	CK THE BOX	THAT APPL	ES TO YOU	R STUDENT	r'S MEDICAL	COVERAG	E:
Student is covered I number is	by _,			Insura	ince Company	The policy	′
I have purchased so Date of purchase:_	chool insuran	ce for my child	. (Insurance	e paperwork	is available in	the ASB of	ice.)
>>>>>>>>	>>>>>>	>>>>>>	>>>>>>	>>>>>>	>>>>>>	>>>>>>	•
Assurance: This application and is made with the understa association. Failure to provide participated. In addition, the aryear.	inding that I hat accurate info	ave not violated rmation may re	any of the elig sult in the forfe	ibility rules or eiture of conte	regulations of the sts in which the	ne school or athlete	state
Warning: Participation in any range from minor cuts, scrape an injury or the witnessing of a ability to earn a living, to enga	s or muscle st an injury can ir	rains to catastro	phic injuries s sical and/or me	uch as compl ental health.	ete paralysis or l It can also hinde	even death. r one's futur	Such
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Date

School signature _