

ACTIVITY/SPORT: \_\_\_\_\_

SEASON (Circle One): Fall Winter Spring Summer

**WEST VALLEY S.D. #208 ACTIVITIES CLEARANCE INFORMATION, CHECK LIST & HANDBOOK AGREEMENT**

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: M F

HOME STREET ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PARENT/GUARDIAN (S) NAMES \_\_\_\_\_

WORK/CELL PHONE #1 \_\_\_\_\_ WORK/CELL PHONE #2 \_\_\_\_\_ PARENT EMAIL \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION & INSURANCE FORM**

*As a parent/legal guardian of the above named student, my signature on this form authorizes any emergency medical treatment by a licensed medical physician and/or medical facility in the event of accident, illness or injury. I have indicated below any medical information that should be known prior to emergency medical treatment of my student: Please place a check mark next to health conditions your student has.*

- Asthma
- Diabetes
- Heart Condition
- Seizures
- Severe Allergy requiring an epi-pen
- Other health condition \_\_\_\_\_

*If I object to giving authorization for emergency medical treatment, I have provided specific instructions for such treatment on the following line:*

\_\_\_\_\_

I am aware that the WVSD does not provide medical insurance for accidents or injuries resulting from participation in school or school-related activities. As the parent/legal guardian of the above named student, I accept full responsibility for the cost of treatment for any accident, illness, or injury which my student may suffer while participating in school or school-related activities. **I understand that my student is required to have adequate medical insurance in order to participate in interscholastic athletics/activities, and that it must be kept in force throughout the sport/ activity season.** If my student has no medical insurance or wishes to supplement existing medical insurance, I understand that information detailing available student accident insurance plans can be obtained from school officials (who are not acting as insurance agents; they are making information available to interested parties). Information on my student's medical insurance coverage is provided below:

INSURANCE COMPANY NAME \_\_\_\_\_ SUBSCRIBER NAME \_\_\_\_\_

**W.I.A.A RESIDENCY/SCHOOL ATTENDANCE INFORMATION**

- 1) Does the student reside with his/her parent/guardians? Circle: YES NO.  
If "NO" is circled, list the name and relationship of the persons with whom the student resides: \_\_\_\_\_
- 2) Does the student presently reside within West Valley School District's attendance zone? Circle: YES NO.  
If "NO" is circled, answer the following questions:      -Within which school district zone does the student reside? \_\_\_\_\_  
-Has a WVSD Transfer Request form to attend the WVSD been submitted and approved? Circle: YES NO  
-Has a WIAA Hardship Waiver Request form also been submitted and approved? Circle: YES NO
- 3) Did the student attend WVHS/WVFC/WVJH/WVMS last trimester? Circle: YES NO.  
If "NO" is circled, identify the school the student attended last trimester/semester: \_\_\_\_\_
- 4) Did the student attend any other school besides WVHS/FC/JH/MS in the previous school year? Circle: YES NO.  
If "YES" is circled, identify the other school(s) attended: \_\_\_\_\_  
If "YES" is circled, were you under any conditions of ineligibility when you left your previous school? \_\_\_\_\_
- 5) Did the student fail any of their classes in the last trimester/semester? Circle: YES NO
- 6) Has the student been a foreign-exchange student (presently or previously) while in high school? Circle: YES NO

**WEST VALLEY SCHOOL DISTRICT ACTIVITIES HANDBOOK PARTICIPATION CONTRACT**

Our signatures below indicate the following: We have read the Student Activities Handbook and will follow and support the policies and regulations therein contained. We recognize that participation in interscholastic activities/athletics is a privilege and participants must assume responsibilities for their actions. We recognize that failure to comply with the standards in the handbook may result in loss of eligibility and/or disciplinary action. We have accurately provided the information above for the WIAA Residency/School Attendance Information and understand that falsifying any information and/or signatures pertaining to clearance may result in eligibility loss and disciplinary action. We consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary. Additionally, I give my consent and approval for the above named student's picture and name to be printed in any WVSD athletic program, publication, or video. We give our consent for the athlete to accompany the team and ride school transportation when it travels to other schools/venues. The student has permission to participate in the activities identified, representing his/her school at WVSD, League, YVIAA, and WIAA sanctioned events.

PARTICIPANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN (S) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_