

DRAKES CREEK MIDDLE SCHOOL ATHLETICS ELIGIBILITY FORM

Revised 5/27/09

NAME _____
(LAST) (FIRST) (MI)

SPORT (S) _____

FATHER'S NAME _____

MOTHER'S NAME _____

PRESENT: 6TH 7TH YEARS OF PARTICIPATION _____

SOCIAL SECURITY NUMBER _____

AGE _____ DATE OF BIRTH _____ SEX _____

PLACE OF BIRTH _____
(COUNTY) (STATE)

PRESENT ADDRESS _____

IS ADDRESS IN YOUR SCHOOL DISTRICT? _____

SCHOOL ATTENDED LAST YEAR? _____

HAVE YOU HAD A PHYSICAL THIS SCHOOL YEAR? _____

DO YOU HAVE A BIRTH CERTIFICATE ON FILE IN THE SCHOOL OFFICE? _____

HOME TELEPHONE NUMBER _____ PARENT'S WORK _____

“THIS APPLICATION TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS IS ENTIRELY VOLUNTARY ON MY PART. I HAVE NOT VIOLATED ANY OF THE ELIGIBILITY RULES AND REGULATIONS. I AGREE TO FOLLOW ALL SCHOOL, TEAM OR SQUAD RULES AND REGULATIONS. I ALSO AGREE TO REPRESENT MY SCHOOL AND MY TEAM OR SQUAD IN A MATURE AND PROPER MANNER DURING COMPETITIONS, PRACTICES, IN THE CLASSROOM, AND DURING MY EVERYDAY LIFE.”

STUDENT SIGNATURE _____ DATE _____

THE POLICY OF THE WARREN COUNTY BOARD OF EDUCATION REQUIRES ALL STUDENS PARTICIPATING IN ANY SPORTS ACTIVITY TO PROVIDE PROOF OF INSURANCE. ALL SPORTS COVERAGE IS AVAILABLE. PARENTS/GUARDIANS MUST HAVE FILED ON THEIR INDIVIDUAL PLAN BEFORE ALL SPORTS INSURANCE WILL CONSIDER ANY BENEFITS. CLAIM FORMS ARE AVAILABLE IN THE FRONT OFFICE OF THE SCHOOL AND MUST BE FILLED OUT IN A TIMELY MANNER. (TREATMENT MUST BE INITIATED BY A LEGALLY QUALIFIED PHYSICIAN OR

SURGEON WITHIN 21 DAYS OF THE DATE OF INJURY). IT IS ALSO THE PARENT/GUARDIAN'S RESPONSIBILITY TO FURNISH NECESSARY PROOF OF INSURANCE CLAIMS TO THE CARRIER OF ALL SPORTS INSURANCE.

MEDICAL INSURANCE COMPANY _____
EXPIRATION DATE: (REQUIRED) _____
POLICY NUMBER: _____

ADDRESS: _____ TELEPHONE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____