

Athletic Eligibility Record
WISSAHICKON SENIOR HIGH SCHOOL
Ambler, PA 19002

A. TO BE COMPLETED BY STUDENT: Sport _____ Year _____

Name _____ Grade _____

Address _____ Date of Birth _____ Age _____

_____ Home Telephone # _____

Mother's Daytime Phone # _____ Father's Daytime Phone # _____

Circle any grade(s) you have repeated: 7 8 9 10 11 12

Name and location of school last attended, if you transferred here _____

Date of transfer to Wissahickon School District _____

Circle those grades in which you played this sport in school:

In Wissahickon School District: 7 8 9 10 11 12

In another school district: 7 8 9 10 11 12

My signature indicates that I have read, I understand, and I pledge to abide by the conditions set forth in the "WHS Co-Curricular Activities Code of Conduct/Discipline" printed in the Student Handbook.

Student's signature _____ Date _____

B. TO BE READ AND COMPLETED BY PARENT/GUARDIAN:

The Wissahickon School District does not carry medical, dental, or other insurance coverage on students. Under Pennsylvania law (Political Subdivision Tort Claims Act) the school district is, in most cases, exempt from liability for injuries to students. Therefore, all medical expenses incurred by any student as a result of injuries arising from participation in any school sport or other activity are the responsibility of that student's parents or guardians.

Parents either should have adequate hospitalization coverage or should purchase the district's designated voluntary student accident insurance. An information/application brochure for this voluntary insurance plan is distributed to all students early in the school year. If you did not receive a brochure you may obtain one from the school nurse or the district central office (215) 619-8000.

Insurance Information: Name of Insured: _____ Employer: _____

Insurance Company: _____ Policy/Group No. _____

By signing below:

1) I confirm that I have read the above insurance information and understand that I am totally responsible for all expenses for any injuries to my child;

2) I give permission that, in the event of injury or accident, my child may be taken to the nearest doctor or hospital and given emergency treatment.

3) I confirm that I have read the "WHS Co-Curricular Activities Code of Conduct/Discipline" printed in the student handbook. I understand what is expected of the student for participation in co-curricular activities.

4) I hereby grant permission for my child to participate for this school year in the sport shown in Section A above, in accordance with the above agreements and with the eligibility rules established by the Pennsylvania Interscholastic Athletic Association.

Parent's Signature _____ Date _____

STUDENTS WILL NOT BE ELIGIBLE TO START PRACTICE UNTIL THIS FORM, A SATISFACTORY PHYSICAL EVALUATION FORM, AND AN ACTIVITY FEE HAVE BEEN SUBMITTED TO YOUR COACH or the ATHLETIC OFFICE.

ACTIVITY FEE - \$50