

CENTRAL VALLEY SCHOOL DISTRICT ATHLETIC ACTIVITY ELIGIBILITY STATEMENT FOR SECONDARY SCHOOLS

Must be completed for each sport/activity

(Please print) **ELIGIBILITY INFORMATION**

Name: _____ Age _____ Date of Birth _____ Year in School 6TH 9TH
 7TH 10TH
 8TH 11TH
 12TH

What year did you enter 9TH grade? _____

How many subjects did you pass in your most recent semester/trimester? How many classes taking now? _____

Did you attend school last semester/trimester? Yes No What School? _____

With whom do you live? _____

Do you live in the Central Valley School District? Yes No

Have you transferred schools in the last 12 months? Yes No If "Yes" from where? _____

EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION

Student's Name _____ Home Phone # _____

Father/Guardian/Custodian Name _____ Home Phone # _____ Work # _____ Cell # _____
(Please circle one)

Mother/Guardian/Custodian Name _____ Home Phone # _____ Work # _____ Cell # _____
(Please circle one)

Doctor's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Name of person to notify if parent/guardian/custodian can't be reached _____ Phone # _____

Permission to treat if necessary: Yes No

Permission to transport to nearest medical facility if unable to reach parent/guardian/custodian: Yes No

To: Emergency Medical Personnel:

I, the undersigned parent/guardian/custodian of _____
STUDENT'S NAME

a minor, authorize accompanying school personnel to consent in any emergency situation to any xray examination, laboratory test, anesthetic, medical or surgical procedure or hospital care required on the above minor while in their custody, and for which I am unable to be reached to provide consent. Such care must be recommended by and performed under the supervision of a physician licensed to practice medicine in the United States. I understand that if transportation by ambulance is necessary, I must assume the financial responsibility. My student may be released to accompanying school personnel following completion of treatment and in my absence.

Please list any allergies your student may have, any medications being taken, and anything else we should know to assist in your student's safety.

Allergies: _____ Medications: _____

Other considerations: _____

X _____
SIGNATURE OF PARENT/GUARDIAN/CUSTODIAN DATE

REQUEST FOR INSURANCE WAIVER . . . WIAA regulations requires that each student participating in interscholastic activities be covered by insurance. Adequate medical, dental, vision coverage as well as accidental death coverage is recommended as a provision for participation. Your signature at the bottom of this page indicates that you are maintaining adequate coverage for your child and that you fully accept the financial responsibilities associated with participation in any activity.

X _____ **X** _____
PARENT/GUARDIAN/CUSTODIAN SIGNATURE DATE STUDENT SIGNATURE

Your signatures indicate that both have read, agree to, and accept all of the information above and the accompanying Honor/Pride Code. Incomplete or false information to any statement could jeopardize eligibility.

Please list sport/activity in which you wish to participate: _____

NON-SCHOOL PARTICIPATION

During any sport season after joining a school squad, students may not participate on college and/or professional teams in that sport.

Students are not to be given special treatment or privileges on a regular basis to enable them to participate in non-school athletic activities, such as reduced practice times, special workouts, late arrivals, or early dismissals.

Students shall not compete in the uniform of the school at non-school events.

ACADEMIC REQUIREMENTS FOR PARTICIPATION IN CVSD ACTIVITIES PROGRAMS

In order to be eligible to participate, students MUST pass all subjects and maintain a 2.0 GPA (minimum). If a student fails to meet district standards he/she may maintain eligibility for competition by attendance and active participation in a school sponsored academic remediation program. A student who falls below WIAA standards will be removed from competition in accordance with WIAA rules. (18.0.0)

PHILOSOPHY STATEMENT

The Central Valley School District Board recognizes the value of a program of activities as an integral part of the total school experience. Therefore, Central Valley School District shall provide an activities environment that fosters mutual respect, human dignity, and fair and equal opportunities for all.

This activity environment shall include the opportunity to develop individual potential with a concerted effort to stimulate the development of physical, mental, and social excellence. An academic educational learning environment is the primary goal for students; participation in the activities program is a privilege that should enhance these scholastic endeavors. The development of self-esteem, individual growth, and the positive attitude needed for achieving participants' potential shall be emphasized.

The development of citizenship, respect for rules and authority, ethical conduct, sportsmanship, and self-discipline shall be encouraged for all participants. Consistent rules and authority are essential in this effort. Coaches/instructors shall model and promote a high level of self-discipline, in addition to teaching fundamental skills. The safety, health, and general welfare of all participants shall be a priority.

Effective and responsible communications shall occur between advisors, coaches, instructors, participants, administrators, and parent/guardian/custodians to facilitate cooperation. Activity participation shall promote community values.