

REPEAT ELIGIBILITY INFORMATION - Mercer Island High School

(For Students who participated in a sport in the current school year; for those who turned out for 2009-2010 Cheer and Drill Try-outs)

For Winter 2009-2010 participation in sports, eligibility packets are due by Monday, November 2.

For Spring 2010 participation in sports, eligibility packets are due by Friday, February 12.

Please complete this packet and return to Ann Meisner, Athletic Coordinator, by the listed deadlines. Please pay your \$175 sport fee in the ASB Office and bring your receipt when you return this form. Any questions, please contact Ann Meisner, (206) 236-3429, ann_meisner@misd.wednet.edu

Today's Date: _____

Athlete's Name: _____ Grade: _____
(Last) (First)

Home Phone Number:

Parent Cell Number:

Parent Email Address:

Student Cell Number:

Student Email Address:

Sport turning out for:

Sport (s) PREVIOUSLY turned out for this school year in the fall, winter and/or spring:

- | | | | | |
|---------------|--|---|---|-------------------------------------|
| <u>FALL</u> | <input type="checkbox"/> Boys Golf | <input type="checkbox"/> Boys Tennis | <input type="checkbox"/> Boys Water Polo | <input type="checkbox"/> Drill Team |
| | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Girls Soccer | |
| | <input type="checkbox"/> Girls Swim/Dive | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Cheerleading | |
| <u>WINTER</u> | <input type="checkbox"/> Boys Basketball | <input type="checkbox"/> Girls Basketball | <input type="checkbox"/> Boys Swim/Dive | |
| | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Wrestling | | |
| <u>SPRING</u> | <input type="checkbox"/> Baseball | <input type="checkbox"/> Softball | <input type="checkbox"/> Girls Golf | |
| | <input type="checkbox"/> Boys Soccer | <input type="checkbox"/> Girls Tennis | <input type="checkbox"/> Girls Water Polo | |
| | <input type="checkbox"/> Boys Lacrosse | <input type="checkbox"/> Girls Lacrosse | <input type="checkbox"/> Track and Field | |

NOTE:
Please be sure the Sport specific Safety Guidelines/Risk Letter and Emergency Card are attached to this form.

Directed Athletics: I wish to receive credit for directed athletics as described in the Initial Eligibility Packet. (1) season= (.5) credit, maximum 2 semesters= (1.0) credit. (If you already have the max, do not sign below.)

Student Signature _____ Parent Signature _____

At Mercer Island High School, we strive to protect each student from possible injury while engaging in school activities. The guidelines which have been established for your athletic activity are in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, and safety procedures are important aspects of this training program which will be explained to them by their coach and to follow his/her standards. Please understand the importance of safety and how it relates to physical health. Be certain to ask the coach about the specific guidelines for your sport.

IT IS UNDERSTOOD THAT THE PERMISSION, INSURANCE, AND HEALTH/PHYSICAL EXAM INFORMATION FROM THE INITIAL ELIGIBILITY PACKET ARE VALID FOR THE ENTIRE SCHOOL YEAR. I UNDERSTAND THIS AND MY SON/DAUGHTER HAS MY PERMISSION TO PARTICIPATE IN THE ABOVE MENTIONED SPORT.

IT IS ALSO UNDERSTOOD THAT THE ATHLETIC CODE, THE ACADEMIC CODE, THE CODE OF ETHICS AND SAFETY FORM SIGNED IN THE INITIAL ELIGIBILITY PACKET ARE ALSO VALID FOR THE WINTER AND SPRING SPORTS SEASONS.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

For Office Use Only

On Roster: _____	Emer Card to Coach: _____	Exam Exp: _____
Transfer to: _____	Fee Paid: _____	Clear Exp: _____

Mercer Island School District #400
Athletic Medical Emergency Authorization Form

Date _____

Sport trying out for: _____ **Grade** _____ **Birthdate** _____ **Gender** _____

Name _____ **Father's Name** _____ **Mother's Name** _____
(Last) (First) (Init.)

Home Phone _____ **Father's Wk. Phone** _____ **Mothers' Wk. Phone** _____

Address: _____ **Father's Cell Phone** _____ **Mother's Cell Phone** _____
(House) (Street)

_____ **Email Address** _____
(City) (State) (Zip.)

Emergency Contact Name (other than parent) _____ **Emergency Contact Phone** _____

Allergies _____ **Drugs allergic to:** _____ **Date of Last Tetanus Shot** _____

Regular Medication _____ **Chronic Illness** _____

Significant Injuries or Illness (such as seizures, heart condition, fractures, concussions, or sport-related surgeries)

Date Injury Location on Body Comment

1. _____

2. _____

Other past medical conditions that the school should be aware of are: (add any comments on students's physical condition deemed important):

Choice of Physician to be called in case of an emergency:

1. **Name** _____ **Phone** _____

Choice of Hospital to be used _____ **Health Insurance Co.** _____

As parent or legal guardian, I authorize the team physician, team trainer, or the coach to render the necessary emergency procedure for any such injury. I would also authorize the above persons to provide the appropriate course of professional emergency care, such as Aid Car, EMS, or emergency room transportation, including consultation and treatment by a specialist (ie. a surgeon or other medical professionals). Every effort will be made to contact the parents or guardians of the nature of the problem and the treatment involved beforehand.

SIGNED _____ **(Parent or Guardian)** *Top Copy: Coach 2nd Copy: Trainer 3rd Copy: Office*

In case of emergency, this vital medical information represents your child in your absence.

AM/val/Printing Center/HSS/storage/HS Athletic Medical Emerg.Cards/Created:6-6-06/Rev:4-29-08/Printed: 29-08-2008