

**Sports Cleared by Season**

Fall \_\_\_\_\_

Winter \_\_\_\_\_

Spring \_\_\_\_\_

**PEORIA UNIFIED SCHOOL DISTRICT #11  
ATHLETIC INFORMATION FORM**

**Office Use Only**

Checklist

\_\_\_\_\_ Birth Certificate Copy

\_\_\_\_\_ Proof of Insurance

\_\_\_\_\_ Physical

\_\_\_\_\_ Domicile

\_\_\_\_\_ Semester Rule

**CHECK ONE BELOW:**

**Semesters enrolled in High School for more than ten days regardless of credit received.**

9<sup>th</sup> Grade: 1 , 2     10<sup>th</sup> Grade: 3 , 4

11<sup>th</sup> Grade: 5 , 6     12<sup>th</sup> Grade: 7 , 8 , 9 , 10

STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_ HOME #: \_\_\_\_\_ WORK # \_\_\_\_\_

If not living with parents, with whom are you living? \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

School or schools attended last year: \_\_\_\_\_

**If Parent/Guardian cannot be contacted in an emergency, please contact:**

Name : \_\_\_\_\_ Phone – Home # \_\_\_\_\_ Work # \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**Insurance**

**I clearly understand that it is the school district’s policy that all students participating in interscholastic activities must have insurance and that the school cannot pay medical cost from injury to a student.**

I have purchased school insurance:     Yes     No                      I have my own insurance:     Yes     No

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Policy # \_\_\_\_\_

Health problems: Asthma     Diabetes     Epilepsy     Bee Sting     Allergies     Heart Problem

Other/Specify \_\_\_\_\_

Medications currently on \_\_\_\_\_ Allergic to any medications, please name \_\_\_\_\_

I the undersigned parent/guardian of the student above-named do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aide, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity sponsored by Arizona Interscholastic Association, of which the above-named high school is a member.

It is hereby understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

I/we give our permission for \_\_\_\_\_ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most protective equipment, availability of a certified trainer and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so severe a to result in total disability, paralysis, quadriplegia, or even death.

I/we acknowledge that I/we have read and understand this warning.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Handbook Acknowledgement**

I have read and understand the information in the athletic handbook and attest to the fulfillment of all the rules and requirements for athletic eligibility, as outlined in the handbook by the Arizona Interscholastic Association.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_