



Athletic Program Enrollment Form

STUDENT PARTICIPANT DEMOGRAPHICS, CERTIFICATIONS AND ACKNOWLEDGEMENTS

Last Name: _____ First Name: _____ Grade _____

DOB: _____ Student ID# _____ Counselor _____ School: MV LA AV

Student's Email: _____ Parent's Email: _____

REQUIRED CERTIFICATIONS

I. Physical Examination: Certification by a physician that the student is able to participate without restriction in the sports named above is required each year. The physician's signature below certifies that the student named above is able to fully participate in sports.

Print Physician's Name: _____ Physician's Phone #: _____

Physician's Signature: _____ Examination Date: _____

II. Insurance Requirement: Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1-800-747-1222 (toll free number).

I would like to enroll my student in insurance through the district. Please send me the information to do so.

I certify that the student named above has family health insurance from other sources. (Please complete the information below.)

Insurance Company: _____ Group/Policy Number: _____

Name of Insured: _____ Relationship: _____

Parent/Guardian Signature _____ Date: _____

Plan to tryout for multiple sports during the school year?

Fill in the appropriate sport for each season:

Fall: _____ Winter: _____ Spring: _____