

NORTHWEST HIGH SCHOOL DISTRICT #82 AUTHORIZATION FOR ATHLETIC PARTICIPATION

(PLEASE PRINT)

STUDENT NAME (Last, First, M.I.) _____ GRADE ENTERING (circle) 6 7 8 9 10 11 12
 BIRTHDATE _____
 ADDRESS _____ PHONE _____
 CITY _____ STATE _____ ZIP _____
 NAME OF PARENT/LEGAL GUARDIAN _____
 FAMILY PHYSICIAN'S NAME _____ PHONE _____

PROCEDURE OF DUE PROCESS OF NORTHWEST HIGH SCHOOL DISTRICT #82

"Due Process" is a procedure which the courts of law recognize as a necessary part of any rules and regulations. Due process furthermore, and of importance, recognizes the rights of the individual since it outlines his/her recourse in the event he/she feels a wrong decision has been made. The student Grievance Procedure outlined in the current student handbook is the procedure for an athlete and his/her parents to follow in appealing decisions relating to eligibility. It should be understood that athletes and parents/guardians will be expected to follow the procedure in the event legal action should be initiated at some later date.

I have read the foregoing statements pertaining to "Due Process" and do hereby acknowledge, agree and understand the purpose and content.

Student's Signature _____

Parent/Guardian's Signature _____

ATHLETIC INSURANCE WAIVER

I fully understand that the Northwest High School District #82 does not provide any accidental or health insurance coverage for my son/daughter while participating in interscholastic athletics. I fully understand that it is my/our responsibility to provide or waive the right for insurance coverage.

Parent/Guardian Signature _____

Date _____

A parent/legal guardian may elect to enroll the participant in a supplement insurance program offered by an insurance company authorized by Northwest High School District #82. If you choose to purchase coverage through this plan, check mark line below and contact the Activities Director for additional information. _____

**THIS FORM MUST BE ON FILE IN THE ACTIVITIES OFFICE BEFORE
ATTENDING THE FIRST ATHLETIC PRACTICE**

SPORTS CANDIDATE'S QUESTIONNAIRE

(To be completed by parents)

1. History of diabetes in family..... YES NO
2. History of epilepsy or other seizure disorders..... YES NO
3. Has had injuries requiring medical attention..... YES NO
4. Has had illness lasting more than a week..... YES NO
5. Is under physicians care now..... YES NO
6. Takes medication now..... YES NO
7. Wears glasses..... YES NO
8. Has had a surgical operation..... YES NO
9. Has been in hospital (except of tonsillectomy)..... YES NO
10. Do you know of any reason why this individual should not participate in all sports?..... YES NO
11. Has had complete poliomyelitis immunization by inoculations (Salk) or oral vaccine (Sabin)..... YES NO
12. Most recent tetanus toxoid immunization (Date)..... YES NO
13. Was this a booster?..... YES NO
14. Has seen a dentist within the past 6 months..... YES NO

PARENT/GUARDIAN SIGNATURE _____

HEALTH EXAMINATION FORM

Name of Student _____ City & School _____
 Grade _____ Age _____ Height _____ Weight _____ Blood Pressure _____
 Significant Past Illness or Injury _____
 Eyes _____ R 20/ _____ L 20/ _____ Ears _____ Hearing R _____ /15; L _____ /15
 Respiratory _____
 Cardiovascular _____
 Liver _____ Spleen _____ Hernia _____
 Musculoskeletal _____ Skin _____
 Neurological _____ Genitalia _____
 Laboratory: Urinalysis _____ Other _____
 Comments _____
 Completed Immunizations: Polio (Date) _____ Tetanus (Date) _____
 Other _____

"I certify that I am qualified to conduct all phases of the health examination of the above-named student. I further certify that I have on this date examined the student and, on the basis of examination requested by the school authorities and the student's medical history as furnished to me, have for no reason that would make it medically inadvisable for this student to compete in supervised athletic activities, EXCEPT THOSE CROSS OUT BELOW."

Baseball _____ Basketball _____ Swimming/Diving _____ Softball _____
 Track _____ Football _____ Cross Country _____ Soccer _____ Volleyball _____ Wrestling _____
 OTHERS _____
 *Estimated Desirable Weight Level _____ Pounds _____

Date of Examination _____ Examiner's Signature _____

Examiner's Address _____ Phone _____