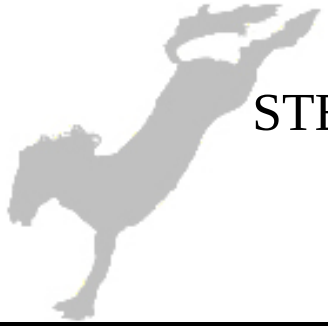

STEVENS MIDDLE SCHOOL

1139 West 14th Street
Port Angeles, WA 98363
360.452.5590

COMPLETE THIS FORM ANNUALLY AND RETURN WITH ATHLETICS APPLICATION PACKAGE.

Student's Name _____ Grade for 2017-2018 School Year _____

Student's Address _____

Date of Birth _____Age _____ *Day, month, and year* of last physical exam _____
Sports physicals last for two years and must be valid for the sports season.

Where did you attend school last year?
☐ Stevens Middle School
☐ Other (School Name) _____

Date first enrolled at SMS _____

Residency:
Does your parent or guardian live within the PASD School District Attendance Area? ☐ Yes ☐ No

If no, where do your parents/guardians live? (residential address) _____

Are you a home or private school student? ☐ Yes ☐ No

Athlete, Parents: Initial items below. We have read the following forms and Athletic Code information available on Stevens Middle School website: www.portangelesschools/stevens. (Visit SMS Business Office for copies.)

_____ _____ **Athletic code** governing rules and expectations for athletic participation in the Port Angeles School District athletic program. We understand
Parent Athlete what behavior is expected of all participants. We acknowledge these standards are expected of athletes throughout the entire athletic season(s).

_____ _____ **We have read the list of rules and procedures** for the sports we have marked below. We understand the necessity of using the proper
Parent Athlete techniques that will be demonstrated by the coaching staff while participating in any athletic program offered through the Port Angeles School District. We understand the Assumption of Risk, Informed Consent, and the Inherent Risk that also includes concussion awareness. We have read and retained signed copies of the concussion awareness and the inherent risk forms for each sport the athlete will participate in while enrolled in the Port Angeles School District athletic program.

Parents/Guardians: Check yes or no below.

☐ Yes ☐ No I give permission for this student-athlete to appear in any publications for the purpose of telling of activities happening in the Port Angeles School District. I understand that these publications might include school informational or promotional brochures, pictures, newspaper articles and/or newsletters relating to school activities. (FERPA Release)

☐ Yes ☐ No I consent to allow physicians or health care providers, including athletic trainers, to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary. I understand that this may include information related to concussion testing. (HIPAA Release)

By signing this form we acknowledge and are aware of the risks involved in school athletic participation. We accept full responsibility for the cost of treatment for any injury that our student athlete may suffer while taking part in the athletic and activities program. We understand that not all insurance companies cover school athletics and have checked our policy. The above named student has permission to participate in the sport(s) listed above in the Port Angeles School District athletic program. We agree that the above information is true and accurate and that providing false information risks the participant's removal from the athletic program. I understand that if I alter my course curriculum I am to notify the athletic department as soon as possible**.**

_____ _____
Student Signature Date Parent/Guardian Signature Date

_____ _____
Athletic Director Signature Date Daytime Phone Evening Phone

SPORTS STUDENT PARTICIPATING IN DURING THE 2017-2018 SCHOOL YEAR

FALL	☐ Cross Country	☐ Football	☐ Volleyball
WINTER	☐ Boys Basketball	☐ Girls Basketball	☐ Wrestling
SPRING	☐ Track		

The mission of Port Angeles School District Athletics is to actively promote quality, well-rounded, co-curricular programs nurtured in an environment built on dignity and respect.