

Olympia School District

High School Athletic Registration 2011 - 2012

SCHOOL ATTENDING: CAPITAL HIGH SCHOOL OLYMPIA HIGH SCHOOL

LAST NAME FIRST NAME STUDENT ID #

HOME ADDRESS STREET CITY ZIP

HOME PHONE ALTERNATE PHONE EMAIL ADDRESS

GRADE FALL SPORT WINTER SPORT SPRING SPORT

FIRST DATE OF HIGH SCHOOL ENROLLMENT IN OLYMPIA SCHOOL DISTRICT AT CHS or OHS _____

PLEASE ANSWER **YES** or **NO** TO EACH OF THE FOLLOWING QUESTIONS.

1. ARE YOU A NEW STUDENT TO THE OLYMPIA SCHOOL DISTRICT? YES NO

*IF **YES**, ARE YOU LIVING WITH Parent(s), Relative, Other Please list:

2. DO YOU LIVE WITHIN THE OLYMPIA SCHOOL DISTRICT RESIDENCE BOUNDARY YES NO

3. HAVE YOU LIVED WITH THE DISTRICT BOUNDARY FOR AT LEAST 12 MONTHS? YES NO

**IF YOU ANSWER YES TO THE FOLLOWING QUESTIONS (4, 5 or 6)
YOU MUST MEET WITH THE ATHLETIC DIRECTOR TO PROVIDE ADDITIONAL INFORMATION
AND CLEARANCE MATERIAL BEFORE BECOMING ELIGIBLE TO PARTICIPATE IN SPORTS.**

4. HAVE YOU TRANSFERRED TO CHS or OHS FROM ANOTHER HIGH SCHOOL WITHIN THE LAST 12 MONTHS?

(This includes transferring from one Olympia School District high school to the other.) YES NO

*IF **YES**, Please list the name and location of last school attended below.

5. ARE YOU A...RUNNING START, HOME SCHOOL, PRIVATE SCHOOL, AVANTI HS, ON-LINE,
NEW MARKET, FOREIGN EXCHANGE STUDENT OR 5TH YEAR SENIOR? YES NO

6. ARE YOU REQUESTING TO WAIVE ALL OR A PORTION OF THE REQUIRED OSD "PARTICIPATION FEE"
Due to participation in the Free/Reduced lunch program or financial hardship? YES NO

ATHLETIC REGISTRATION CONTINUED ON BACK
*****SIGNATURES REQUIRED*****

INSURANCE INFORMATION

Due to the inherent possibility of injury from participation in athletics and the potential financial burden to the student's family, the Olympia School District requires students to be covered by one or both of the following accident options:

1. Purchase the student accident insurance plan offered through the school.
2. Provide accident insurance coverage through private insurance.

(Please check one or both)

- I have accident and health insurance coverage for my child and will continue to keep it in force throughout the sport(s) season(s) in which my child participates
- I hereby request that my child be insured with the insurance company endorsed by the Olympia School District for the current year and have completed the application process and paid for that coverage.

Signature of Parent/Legal Guardian / Printed Name of Parent/Legal Guardian Date

ASSURANCE AND PERMISSION

We understand that honest, complete and accurate information must be provided or risk becoming ineligible for any and all participation in the interscholastic programs offered by the Olympia School District.

We have read and accept the above Athletic Registration information and understand our responsibility to provide true and accurate information.

Signature of Student Date

Signature of Parent/Legal Guardian / Printed Name of Parent/Legal Guardian Date

As the parent/legal guardian of _____,
I hereby give my consent for him/her to participate in the interscholastic programs listed above and offered by the Olympia School District and to accompany their team to contest located both locally and out-of-town.

Signature of Parent/Legal Guardian / Printed Name of Parent/Legal Guardian Date