

# Olympia School District

## High School Athletic Registration

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 YEAR 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 WITHIN THE DISTRICT BOUNDARY FOR AT LEAST 12 MONTHS?  YES  NO

**IF YOU ANSWER  YES TO ANY OF 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 5<sup>TH</sup> 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**

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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.

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Signature of Legal Parent/Guardian

Date

## **ASSURANCE AND PERMISSION**

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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.

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Signature of Student

Date

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Signature of Legal Parent/Guardian

/ Printed Name of Legal Parent/Guardian

Date

**As the legal 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 contests located both locally and out-of-town.**

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Signature of Legal Parent/Guardian

Date

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Revised 9.25.12