



Athletic Eligibility Record

Wissahickon Senior High School, 521 Houston Road, Ambler, PA 19002

To be completed by the student

Sport: _____

School Year: _____

Name: _____

Grade: _____

Address: _____

Date of Birth: _____

Age: _____

Phone: _____ Mother's Daytime Phone: _____ Father's Daytime Phone: _____

Circle any grade(s) that you have repeated: 7 8 9 10 11 12

Name and location of the school that you last attended, if you just transferred here:

School Name: _____ Location: _____

If you don't attend WHS, circle one:

Home School Cyber School Charter School (Name: _____)

Circle the grades in which you played this sport:

In Wissahickon School District: 7 8 9 10 11 12

In another school district: 7 8 9 10 11 12

My signature indicates that I have read, I understand, and I pledge to abide by the conditions set forth in the "WHS Co-Curricular Activities Code of Conduct/Discipline" printed in the Student Handbook.

Student's Signature: _____ Date: _____

To be read and completed by the parent/guardian

The Wissahickon School District does not carry medical, dental, or other insurance coverage on students. Under Pennsylvania law (Political Subdivision Tort Claims Act) the school district is, in most cases, exempt from liability for injuries to students. Therefore, all medical expenses incurred by any student as a result of injuries arising from participation in any school sport or other activity are the responsibility of that student's parent(s) or guardian(s).

The parent(s) or guardian(s) should have adequate hospitalization coverage or should purchase the district's designated voluntary student accident insurance. An information/application brochure for this voluntary insurance plan is distributed to all students early in the school year. If you did not receive a brochure, you may obtain one from the school nurse or the district central office (215-619-8000).

Insurance information:

Name of Insured: _____ Employer: _____

Insurance Company: _____ Policy/Group Number: _____

By signing below:

- 1.) I confirm that I have read the above insurance information and understand that I am totally responsible for all expenses for any injuries to my child.
- 2.) I give permission that, in the event of injury or accident, my child may be taken to the nearest doctor or hospital and given emergency treatment.
- 3.) I confirm that I have read the "WHS Co-Curricular Activities Code of Conduct/Discipline" printed in the student handbook. I understand what is expected of the student for participation in co-curricular activities.
- 4.) I hereby grant permission for my child to participate for this school year in the sport shown in Section A above, in accordance with the above agreements and with the eligibility rules established by the Pennsylvania Interscholastic Athletic Association.

Parent's/Guardian's Signature: _____ Date: _____

Student-athletes will not be eligible to start practice until the Athletic Eligibility Record and the PIAA physical form have been submitted to the Athletic Office.