

# MERIDIAN 2009-2010 ELIGIBILITY FORM

**P X** PARENT SIGNATURE REQUIRED

**S X** STUDENT SIGNATURE REQUIRED

CHECK ALL THAT APPLY: Baseball \_\_\_ Basketball (B) \_\_\_ Basketball (G) \_\_\_  
 Cheer \_\_\_ Cross Country \_\_\_ Fastpitch \_\_\_ Football \_\_\_ Golf (B) \_\_\_ Golf (G) \_\_\_  
 Soccer (B) \_\_\_ Soccer (G) \_\_\_ Track/Field \_\_\_ Volleyball \_\_\_ Wrestling \_\_\_

This Section  
For All  
Participants

## Meridian School District #505 Entrustment of Care of Minors

All questions must be completed by Parent/Guardian

Name

Address, City, Zip

Grade

Age

Birth Date

Birth Place

Parent/Guardian

Phone

Work/Business Address

Cell Phone

Please specify ANY allergies, including drugs or insects

In case of emergency, please contact

Phone

### Authorization for Emergency Medical Care • Parent/Guardian Signs

This is to certify that I/we do authorize and direct any medical or surgical care including anesthesia, laboratory x-rays, and other procedures necessary in the emergency medical care of the above named minor during the school year and ensuing summer.

**P X**

Signature of Parent/Guardian

Date

This Section  
For  
All Participants

### Risk Statement

Every effort is made by the Meridian School District to provide safe facilities and proper coaching/advising. But notwithstanding these precautions, students may be injured. Playing or practicing in any sport/activity can be dangerous activity involving many risks of injury. These risks may include, but are not limited to: death, serious neck and spinal injury, paralysis, brain damage, etc. The result of these injuries could seriously impair one's future activities to earn a living, participate in social and recreational activities, and generally to enjoy life. Playing or practicing to play/participate in any sport/activity can involve injuries to the back, bones, ligaments, joints, eyes, teeth, etc. The result of these injuries could limit participation.

Because of the potential for injury, all athletes/activity participants must follow the coach's/advisor's instructions regarding playing techniques, training, and activities.

As an assumption of risk, my signature below indicates that I have read the statement above and understand the potential for risk of injury in interscholastic sports and/or ASB clubs, activities, and performance groups.

**P X**

Signature of Parent/Guardian

Date

**S X**

Signature of Student

Date

•Please sign and return this paper to the Athletic Director

•Get current doctor's physical (See back)

•Buy an ASB card and clear all school fines

## Insurance Information

INSURANCE – Each student participant must be covered by athletic insurance to be eligible to represent the school in interscholastic competition. A student can be covered in one of the following two ways:

**1** Purchase School Insurance.  
(Pick up insurance forms in the Athletic Office)

**OR**

**2** Sign Waiver of Accident Insurance Coverage below:

I have adequate accident insurance coverage for my student. I will continue to keep it in force throughout the sports season, and therefore do not wish to enroll.

My student is covered by the following company:

Name of Insurance Company

Policy #

Address, City, State, Zip

Phone

**P X**

Signature of Parent/Guardian

Date

This Section For  
All Participants

### Parent Permission Statement

I have read the Extra-curricular Code. I hereby give consent to my son/daughter to participate in the following, directed by the Meridian School District during the school year and ensuing summer:

\* Copies of the Extra-curricular Code are available in the high school Main Office and at <http://www.meridian.wednet.edu/mhs/>

Please check all appropriate boxes

Athletics

ASB Activities/Clubs

**P X**

Signature of Parent/Guardian

Date

This Section For  
All Participants

### Eligibility Statement

I certify that I meet the attached eligibility requirements. Furthermore, I have read and understand the Extra-curricular Code and will adhere to its directives.

**S X**

Signature of Student

Date

