

McCall-Donnelly School District #421 Athletic Eligibility Statement

The rules and regulations become effective once a student first signs a McCall-Donnelly activities code and shall apply to this student throughout his/her years of enrollment at McCall-Donnelly High School. Violations are cumulative from the first day of the activity throughout his/her high school career at McCall-Donnelly High School. *I have read the preceding Activities Code information and I understand the list of rules and procedures.*

Grade _____

X - Student's Signature _____ Date _____

X - Parent/Guardian/Custodian Signature _____ Date _____

Eligibility Information

Age _____ (20 max) Date of Birth _____/_____/_____ Phone No. _____

1. How many semesters have you attended high school since you first enrolled? (7 max) _____
(Do not count present semester)
2. What year did you enter the ninth grade? _____
3. How many subjects did you pass in your most recent semester of school? _____
4. Did you attend school last semester? _____ Yes _____ No
What school did you attend? _____ Did you complete that semester? _____ Yes _____ No
5. With whom do you live? _____
6. Do your parents live in the McCall-Donnelly School District? _____ Yes _____ No
7. Have you transferred schools within the last year? _____ Yes _____ No

* ALL ATHLETES MUST BE PASSING IN FIVE OR MORE SUBJECTS AT ALL TIMES. FALSE ANSWERS TO THE ABOVE QUESTIONS MAY JEOPARDIZE YOUR FUTURE ELIGIBILITY FOR ATHLETICS. ILLEGAL PARTICIPATION MAY CAUSE YOUR TEAM TO SUFFER DUE TO FORFEITURE OF CONTESTS.

X - Athlete Signature _____ Date _____

X - Parent/Guardian/Custodian Signature _____ Date _____

REQUEST FOR WAIVER OF ACCIDENT PLAN COVERAGE

The Idaho High School Activity Association (IHSAA) recommends that each student participating interscholastic activities be covered by insurance. Adequate insurance to provide benefits in areas such as those listed below is recommended:

- | | |
|--|--------------------|
| 1. Minimum death benefit | 3. X-rays |
| 2. Doctor's services and hospitalization | 4. Dental Coverage |

I have adequate insurance coverage that will cover interscholastic activities with _____ and will continue to keep it in force. I accept full responsibility for the cost of treatment for any injury. Therefore, I do not wish to enroll my child in the school accident coverage plan.

X - Parent/Guardian/Custodian Signature _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION

Student's Name _____ Phone # _____
 Father/Guardian/Custodian Name _____ Phone # _____
 Mother/Guardian/Custodian Name _____ Phone # _____
 Doctor's Name _____ Phone # _____
 Dentist Name _____ Phone # _____

Name of person to notify if parent/guardian/custodian cannot be reached _____

Permission to treat is necessary: _____ Yes _____ No

Permission to transport to nearest medical facility if unable to reach parent/guardian/custodian: _____ Yes _____ No

Date of last tetanus shot: _____ List of allergies _____

X - Parent/Guardian/Custodian Signature _____ Date _____

Special Instructions: _____

Activity _____ Physical Card _____ Yes _____ No