

# SPORT/ACTIVITY ACKNOWLEDGEMENT

PLEASE TYPE OR PRINT

(Last Name) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Male/Female) \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Date Entered This High School \_\_\_\_\_ Date Entered 9<sup>th</sup> Grade \_\_\_\_\_

Parent Name/Address \_\_\_\_\_

Telephone \_\_\_\_\_

## SPORT / ACTIVITY

Parent Initials	Student Initials	
		I have read and understand where to find information regarding <i>NCAA ELIGIBILITY</i> if my student is planning to participate in college sports. (page 1)
		<b>SIGN &amp; RETURN:</b> HIGH SCHOOL RESIDENCY/CUSTODY STATEMENT (white) (page 3)
		<b>SIGN &amp; RETURN:</b> PRIVATE TRANSPORTATION RELEASE FORM (gold) (page 4)
		<b>SIGN &amp; RETURN:</b> AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS IN ATHLETICS. (yellow) (pages 5-6)
		<b>SIGN &amp; RETURN:</b> FORM B, HEALTH QUESTIONNAIRE/INTERIM FORM (pink) (pages 8-9) Must be completed each year after the initial Pre-Participation Physical Evaluation. A positive response to any of the questions requires the student to retake the Pre-Participation Physical Evaluation before any activity can resume.
		<b>SIGN &amp; RETURN:</b> FORM B, PRE-PARTICIPATION HISTORY FORM (green) (page 10-11), AND FORM D, PRE-PARTICIPATION PHYSICAL EVALUATION (blue) (page 14). A student shall undergo an initial pre-participation physical examination and be approved for interscholastic competition by a provider licensed to perform such service. These forms will be completed the first and third year of athletic participation (typically the athlete's freshman and junior years).
		<b>SIGN &amp; RETURN:</b> ATHLETIC EMERGENCY INFORMATION (3-part form) (page 17)
		I have read and understand the <i>ELIGIBILITY REQUIREMENTS FOR ATHLETES AND ATHLETIC SUPPORT GROUPS</i> , including <i>ACADEMIC ELIGIBILITY INFORMATION</i> (NRS 386.800) (pages 18-19)
		I have read and understand the <i>NIAA ALCOHOL, TOBACCO AND OTHER DRUG, POSSESSION, USE, ABUSE AND PENALTIES POLICY</i> (pages 20-21)
		I have read and understand the <i>WCSD HAZING POLICY</i> (page 22)
		If student is participating in FOOTBALL, I have read and understand the <i>FOOTBALL PARTICIPATION WARNING</i> (page 23)
		I have read and understand the <i>IMPACT - CONCUSSION MANAGEMENT PROGRAM</i> information (page 23)
		<b>HEALTH/ACCIDENT INSURANCE:</b> I understand my child/ward must be covered by health/accident insurance to participate in this athletic activity and it is solely my responsibility to ensure my child/ward is covered by health/accident insurance. By initialing and signing this form, I attest that my child/ward is covered by health/accident insurance.
		I understand my student must purchase a student body activity card, (\$25.00), transportation fee (\$35.00), athletic training and supply fee (\$5.00 each sport played- if applicable), Impact (concussion) assessment fee (\$10.00) to participate in this athletic activity and (\$50.00) Golf fee (-if applicable).

I agree to the participation of my above-named child/ward in the program or programs that have been listed above and acknowledge that I HAVE READ AND UNDERSTAND THE RULES, REGULATIONS AND REQUIREMENTS OF THIS BOOKLET.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



## HIGH SCHOOL RESIDENCY/CUSTODY STATEMENT

The Administration of this high school recognizes most parents and students abide by athletic eligibility and residency policies. We also recognize some policies can be confusing and unclear. It is our intent to educate parents and students as well as protect those who follow the regulations. Please read the statements below and provide both parent and student initials on the spaces to the left of each item. Your awareness of some of the more significant policies and assistance in maintaining an effective and respected athletic program will benefit everyone associated with the Washoe County School District.

Please answer the following questions (Yes) or (No):

1. Has your son/daughter attended another high school? (circle one) Yes ☐ No ☐

If yes, name all schools attended and years of attendance: \_\_\_\_\_

2. Was your son/daughter or any member of your family recruited by any member of the faculty or coaching staff for the purpose of participating in athletics at the school you will be attending (circle one) Yes ☐ No ☐

**\*IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE CONTACT THE SCHOOL ATHLETIC ADMINISTRATION TO DETERMINE THE STUDENT'S ATHLETIC ELIGIBILITY.**

Parent Initials	Student Initials	<i>ALL BOXES MUST BE INITIALED BY BOTH STUDENT AND PARENT/GUARDIAN</i>
		<b>RESIDENCY:</b> We understand this student must reside with a parent in the attendance zone of this high school as listed on the Athletic Packet. Failure to do so is considered an attempt to circumvent residency policies and may result in loss of eligibility and forfeitures.
		We understand that if we move to another attendance zone, we must entirely abandon our former residence to be eligible for high school athletics.
		<b>RESIDENTIAL AFFIDAVIT:</b> We understand that if we are living with someone else on a residential affidavit the student is ineligible for high school athletics and an appeal must be submitted to be considered for athletic eligibility.
		<b>TRANSFERS:</b> We understand that if a student transfers from a private to a public school or from a magnet school he/she is ineligible for varsity athletics.
		<b>ZONE VARIANCE:</b> We understand that if a student is enrolled on a zone variance he/she is ineligible for varsity athletics.
		<b>GUARDIANSHIP:</b> We understand that notarized guardianships and parent appointed guardianships are not accepted for athletic eligibility. We understand a legal guardian must be court appointed by a judge in accordance with NAC 386.785 (Sec. 3a-b), and an appeal must be submitted to be considered for athletic eligibility.
		<b>SEPARATED PARENTS:</b> We understand that if a parent/guardian is separated, the student's athletic eligibility will remain at the current school of enrollment.
		<b>DIVORCED PARENTS:</b> We understand if a parent/guardian is divorced, the student's eligibility is in the zone of the court-appointed primary custodial parent or remains in the school of current enrollment.
		<b>FALSE DOCUMENTATION:</b> We understand falsification of any portion of the Athletic Packet may result in permanent loss of athletic eligibility for the remaining years of this student's high school education, as well as forfeiture of any event in which this student was a participant. Forfeiture of games has a serious effect on all members of a team. Final standings are impacted and League, Regional and State championships may be forfeited.

If you have any questions or concerns in regards to the above statements, please contact the Athletic Administrator at your school, the Student Activities Office, or the NIAA.

Please sign the appropriate line below.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date