

# 2009 – 2010 ATHLETIC ELIGIBILITY FORM

**\*\*PLEASE -- PRINT ALL INFORMATION\*\***

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_

CITY COUNTY STATE

PARENTS NAME: \_\_\_\_\_

FIRST AND LAST NAMES

SCHOOL ATTENDED LAST YEAR: \_\_\_\_\_

PRESENT YEAR IN SCHOOL (CIRCLE ONE): FRESHMAN SOPHOMORE JUNIOR SENIOR

NAME OF SPORT: FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_

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Office Use Only: Physical Date - \_\_\_\_/\_\_\_\_/\_\_\_\_

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## SECTION I - RANDOM DRUG TESTING POLICY

I have read the Board of Education's Random Drug Testing Policy for student participants, and I understand the Board of Education's policy and the procedures. I agree to follow this policy and procedures, including drug testing as a condition of participation in co-curricular activities. I also give the drug testing facility permission to discuss all test results with the designated district official.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

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## SECTION II - PERMISSION AND INSURANCE

I give my permission for my child \_\_\_\_\_

to participate in activities at Sterling High School for the school year 2009-2010.

*Insurance coverage is required for participation in Sterling High School athletics.*

Options for this coverage are:

\_\_\_\_ 1. We have adequate coverage with the following:

Our insurance company is \_\_\_\_\_.

(Company name is all that is required. We do NOT need policy #.)

\_\_\_\_ 2. We want to purchase coverage for all activities EXCEPT football.

\* Form will be available at registration

\_\_\_\_ Coverage while at school or an activity \_\_\_\_\_ 24-hour coverage

\_\_\_\_ 3. We want to purchase coverage for football ONLY.

\* Form will be available at registration

\_\_\_\_ 4. We want to purchase coverage for all activities INCLUDING football.

\* Form will be available at registration

\_\_\_\_ Coverage at school or an activity & Football coverage \_\_\_\_\_ 24-hour coverage & Football coverage

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## SECTION III – REFUND POLICY

I understand there is a \$75 fee to participate on any Sterling High School interscholastic team. The fee must be paid before the student will be permitted to practice or try-out for a team. This payment is not refundable with the exception of being cut from the squad by the coach before the season begins. Any athlete that is a preseason cut from a team and still owes for books and other fees will have that \$75 applied to his/her account and will not receive a refund. Refunds will be returned by mail.

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I have read Sections I and II and III agree to abide by them.

PRINTED NAME OF PARENT OR GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_