



2018 - 2019 COUPEVILLE HIGH SCHOOL Athletic/Activity Participant Eligibility

STUDENTS WILL BE ALLOWED TO PARTICIPATE WHEN PAPERWORK IS COMPLETED and SIGNED

RELEASE FOR TRANSPORTATION OF STUDENTS FROM OFF CAMPUS ATHLETICS/ACTIVITIES

ALL students will be returning to the Coupeville High School from away athletic/activity events ON the school transportation. Alternate locations to pick up your child other than the school are noted below. Please choose a location: (PLEASE NOTE: NO OTHER DROP OFF LOCATIONS ARE AUTHORIZED)

I authorize my child to be dropped off on the return to school at the:

- DAIRY QUEEN- CLINTON (if returning via the Clinton/Mukilteo Ferry)
- LIBERTYMARKET- OAK HARBOR (if returning via Deception Pass)

LISTED AUTHORIZED PERSONS (Must be at least 21 years of age)

A student who wishes to return to the district in a *private vehicle* must have *written permission on file* from his or her parent or guardian. Prior to being released, the Coach must be notified that the student will be leaving in a *private vehicle*, and only with those person(s) authorized on file or listed here.

My student has permission to be released ONLY to these authorized person(s) named below after an away athletic/activities events (please provide a contact number)

ACKNOWLEDGEMENT AND AGREEMENT of the Athletic/Activity Contract

BY OUR SIGNATURES BELOW:

- We agree that ALL the information provided on this eligibility form is accurate and complete. As any information changes we are required to update the Athletic Dept.
- We have read and reviewed the Coupeville High Sports and Activities booklet in its entirety.
- We understand and will comply with all eligibility requirements in the booklet for the athlete and/or the activity participant, including ALL listed below:
 - CSD Concussion and Sudden Cardiac Arrest Information
 - WIAA Eligibility
 - Athletic Code & Eligibility Acknowledgement/Agreement Contract
 - Physical Examination (All physicals need to cover the entire sports season)



Student's Signature

Date



Parent/Guardian Signature

Date

ATHLETIC/ACTIVITY CLEARANCE TO BE COMPLETED BY THE ATHLETIC OFFICE

_____ Athletic/Activity Form Signed

_____ ASB Paid / /

_____ PHYSICAL (Exp.date / /)

_____ Participation Fee Paid (indicate paid sport/activity)

_____ CC Fall _____ CC Winter _____ CC Spring

NOTES: