

Date _____

Incoming Grade 9 10 11 12
(circle one)

Student Name _____
(please print) (last) (first) (MI)

Students Birth Date _____

Parent Name _____
(please print) (last) (first) (MI)

Parent Name _____
(please print) (last) (first) (MI)

Address _____
(Street)

Address _____
(State) (Zip Code)

ELIGIBILITY QUESTIONS

False information may result in loss of athletic eligibility and possible forfeiture of contests you have played in.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>

1. Do you meet the age requirement (under 19) for the upcoming school year?
2. Do you reside within the Lynden School District? If no, what district _____
3. Do you reside with your natural parent(s), parent of legal custody, or court appointed guardian?
4. Did you attend at least 15/10 weeks of the last school term/semester?
5. Were you enrolled as a full time student and passing all of your classes last term/semester?
6. Are currently enrolled in at least six (6) classes with 4 being taken at LCHS?
7. Are you an amateur in good standing?
8. Is a valid physical for the upcoming school year on file at Lynden Christian High School?
9. Do you have adequate insurance coverage?
10. Have you paid all of your school fines for lost books, athletic equipment, etc.?
11. Are you a foreign exchange student? If yes, what exchange program? _____
12. Do you plan to play a sport through Lynden HS?
13. Have you repeated any grade or withdrawn from school at any time since the start of 7th grade?
14. Are you a new student at Lynden Christian HS. this year? If yes, last school attended. _____
15. Are you a "Home School" or "Running Start" student? If yes, you need to fill out the home school and /or running start paperwork. It can be found in the main office or on the LCHS athletic web site.

By signing below, you acknowledge that you have read, understand and agree to the Lynden Christian School concussion information sheet and athletic code in your eligibility packet reading material.

Student-athlete Name Printed _____ Signature _____

Parent or Legal Guardian Name Printed _____ Signature _____

OFFICE USE ONLY

Eligibility Questions <input type="checkbox"/>	Concussion <input type="checkbox"/>	Student Driver <input type="checkbox"/>	Drivers License <input type="checkbox"/>
Auto Insurance <input type="checkbox"/>	Parent Driver <input type="checkbox"/>	Emergency Card <input type="checkbox"/>	ASB Fee <input type="checkbox"/>
Sports Fee <input type="checkbox"/>	Physical <input type="checkbox"/>	Non LCHS Student <input type="checkbox"/>	<input type="checkbox"/>

STUDENT NAME _____
(please print) (last) (first) (MI)

STUDENT DRIVER AUTHORIZATION

The undersigned parent/guardian hereby consent or agree that all of the above conditions have been met, that their child (student) is permitted to drive to this student activity and hereby agree to the terms and conditions set forth in this Student Driving Authorization Form. Current automobile liability insurance will be in force at all times during program participation. **Your insurance will be the primary coverage in the event of any liability arising out of this activity.** It should be further understood that the district's coverage may or may not respond, but, in any event, only in excess of any valid, collectible insurance; and the district's insurance will not respond to damage to the vehicle itself under any circumstances. To be an eligible STUDENT DRIVER, the student must:

- Always have prior permission from your coach to drive.
- No one else, besides a parent or family member may drive with you, unless a student rider form is completely filled out.
- Have a valid Driver's License - Driver's License # _____
- Have insurance in the minimum amounts of \$100,000/\$300,000 - Insurance Policy # _____
- Have an automobile in good working order and with operable seatbelts.
- I DO AGREE** to allow my student to drive insured family vehicles. In choosing to drive myself to and from any school sponsored event I and my parent / guardian hereby hold harmless and waive any responsibility in case of accident or injury, any member, employee, or the Lynden School District 504.
- I DO NOT AGREE** to allow my student to drive my vehicle.

X: Parent/Guardian Signature _____ Date: _____

X: Student Signature _____ Date: _____

RIDING TO AND FROM A PRACTICE OR CONTEST WITH A PARENT / LEGAL GUARDIAN

In choosing to ride with my parent / legal guardian to and from any school sponsored event or practice, I and my parent / legal guardian hereby hold harmless and waive any responsibility in case of accident or injury the driver, or any other member, employee or the Lynden School District 504. The athlete must always have prior permission from their coach.

X: Parent/Guardian Signature _____ Date: _____

X: Student Signature _____ Date: _____

MEDICAL EMERGENCY AUTHORIZATION

Student Name (Please Print) _____ Date of Birth _____

Does Student have any potentially life-threatening condition/allergy? Example: allergy to medication, bee sting or food seizures,
YES NO diabetes, heart condition. If yes, please explain condition and treatment: _____

Is the student taking any medication / treatment at this time that would impact participation in sport / activity?
YES NO (Example: asthma inhaler) If yes, explain: _____

PERSONS TO BE CALLED IN A MEDICAL EMERGENCY

Family Physician's Name _____ Phone Number _____

Parent / Guardian _____ Phone # _____ Phone # _____

Emergency Contact _____ Phone # _____ Phone # _____

Emergency Contact _____ Phone # _____ Phone # _____

You are required to have insurance that covers high school athletics. If you don't, you must purchase school insurance

Family Insurance Company _____ Policy # _____

School Insurance Purchased _____

As parent or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury, administer emergency care and arrange for any consultation by a specialist, including a surgeon, he or she deems necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment. Students are expected to abide by all school rules and athletic policies as published by Lynden High School. By signing below, you acknowledge that you have read, understand and agree to all of the information included as part of the athletic eligibility packet, and grant permission for your son / daughter to participate in Lynden High School athletics. This agreement is good from the date it is signed to the conclusion of the following school year.

X: Parent/Guardian Signature _____ Date: _____

X: Student Signature _____ Date: _____