

**WARNING: AGREEMENT TO OBEY INSTRUCTIONS,  
RELEASE, ASSUMPTION OF RISK, AND  
AGREEMENT TO HOLD HARMLESS**

*(Both the applicant student and parent or guardian must read carefully and sign.)*

**SPORT** *(Check applicable spaces):*

- |                                       |                                     |                                   |
|---------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Football     | <input type="checkbox"/> Basketball | <input type="checkbox"/> Track    |
| <input type="checkbox"/> Volleyball   | <input type="checkbox"/> Wrestling  | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Cross-County | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Soccer       | <input type="checkbox"/> Swimming   | <input type="checkbox"/> Tennis   |
| <input type="checkbox"/> Golf         | <input type="checkbox"/> Crew       |                                   |

**STUDENT**

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of playing or practicing in the above-checked sport(s) include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers of playing practicing to play/participate in the above-checked sport(s) may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above-checked sport(s). I recognize the importance of following coaches instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

In consideration of \_\_\_\_\_ High School permitting me to try out for the above-checked sport(s) and to engage in all activities related to the team(s), including, but not limited to, trying out, practicing or playing / participating in that sport(s). I hereby assume all the risks associated with participation and agree to hold \_\_\_\_\_ High School of Putnam County School District, (city, state), collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the \_\_\_\_\_ High School athletic team (s) checked above. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that **FOOTBALL, WRESTLING, GYMNASTICS** and **BASEBALL** are **VIOLENT CONTACT SPORTS** involving even greater risk of injury than other sports.

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

**PARENT/GUARDIAN**

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_ (student). I have read the above warning and release and understand its terms. I understand that all sports can involve **MANY RISKS OF INJURY**, including, but not limited to, those risks outlined above.

In consideration of \_\_\_\_\_ High School permitting my child to try out for the above-checked sport(s) and to engage in all activities related to the team(s), including, but not limited to trying out, practicing or playing/participating in that sport(s). I hereby agree to hold \_\_\_\_\_ High School of Putnam County School District (city, state), collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any activities related to the \_\_\_\_\_ High School athletic team(s) checked above. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that **FOOTBALL, WRESTLING, GYMNASTICS** and **BASEBALL** are **VIOLENT CONTACT SPORTS** involving even greater risk of injury than other sports.

Date \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_

## PART II - RESIDENCE AND PARTICIPATION

Athlete's Name \_\_\_\_\_ Class \_\_\_\_\_ School Year \_\_\_\_\_  
(Last) (First) (MI)

Home Address \_\_\_\_\_ Parent's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Legal Guardian \_\_\_\_\_

Signature of Legal Guardian \_\_\_\_\_

Signature of Student-Athlete \_\_\_\_\_

This is my \_\_\_\_\_ semester in \_\_\_\_\_ High School. Last semester I attended \_\_\_\_\_ (HS/JHS) and passed \_\_\_\_\_ subjects. I have read the condensed eligibility rules of the WVSSAC and I have also read the \_\_\_\_\_ High School Student-Athlete Handbook and I agree to make every effort to keep up my school work and abide by the rules and regulations of the \_\_\_\_\_ High School Athletic Department and the WVSSAC.

## PART III - INSURANCE

\_\_\_\_\_ High School does not carry student-athlete insurance. It is the responsibility of the parent/guardian of each athlete to make sure that he/she has one or more of the following plans in force:

- (1) Individual or Group Health/Accident Insurance

Company \_\_\_\_\_ Policy No. \_\_\_\_\_

- (2) Special Insurance purchased for Football only \_\_\_\_\_

- (3) Student Classroom Accident Insurance \_\_\_\_\_

## PART IV - EMERGENCY MEDICAL TREATMENT PERMISSION

I hereby authorize the school to obtain, through a physician of its choice, any emergency care that may become reasonably necessary for the student in the course of athletic activities or travel. Payment of all charges for medical treatment is guaranteed by me or the insurance company providing coverage for the student named below.

\_\_\_\_\_  
(Student Name) (Parent/Guardian Signature)

- (1) Allergies or Special Problems \_\_\_\_\_

- (2) Date of last tetanus shot \_\_\_\_\_

- (3) Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

**WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION**  
 Rt. 9, Box 76 - Parkersburg, WV 26101  
**ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM**  
 (Separate form required each school year. File in the Office of the Principal)

**PART I - ATHLETIC PARTICIPATION**  
 (To be filled in and signed by the student)

Name: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
(Last) (First) (M)

Home Address: \_\_\_\_\_ Home Address of Parents: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

This is my \_\_\_\_\_ semester in \_\_\_\_\_ (High School) or (Junior High/Middle School). Last semester I attended \_\_\_\_\_ (High School) or (Junior High/Middle School) and passed \_\_\_\_\_ subjects. I have read the condensed eligibility rules of the WVSSAC athletics. If accepted as a team member, I agree to make every effort to keep up my school work and abide by the rules and regulations of the school authorities and the WVSSAC.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Phone: \_\_\_\_\_

**INDIVIDUAL ELIGIBILITY RULES**

Attention Athlete! To be eligible to represent your school in any interscholastic contest, you . . .

- \_\_\_\_\_ must be a regular bona fide student in good standing of the school.
- \_\_\_\_\_ must have enrolled not later than the tenth day of current semester.
- \_\_\_\_\_ must have earned at least 2 units of credit the previous semester (summer school excluded).
- \_\_\_\_\_ must have attained an overall "C" (2.00) average. Summer school may be included.
- \_\_\_\_\_ must not have reached your 15th (MS), 16th (JHS) or 19th (HS) birthday before September 1 of the current school year.
- \_\_\_\_\_ must be residing with parent(s) or legal guardian as specific by Rule 127-2-7 and 8.
  - \_\_\_\_\_ unless parents or guardians have made a bona fide change of residence during school term
  - \_\_\_\_\_ unless an AFS or other Foreign-Exchange student (one year of eligibility only).
  - \_\_\_\_\_ unless the residence requirement was met by the 365 calendar days attendance prior to participation.
- \_\_\_\_\_ must have not transferred from a private to a public or public to private member school without forfeiting 365 calendar days of athletic eligibility (exception 127-2-7.17 (1-2-3)).
- \_\_\_\_\_ must be an amateur as defined by Rule 127-2-11.
- \_\_\_\_\_ must have submitted to your principal before becoming a member of any school athletic team Participation/Parental Consent Physician Form, completely filled in and properly signed, attesting that you have been examined and found to be physically fit for athletic competition and that your parents or guardian consent to your participation (See exceptions under Rule 127-3-3).
- \_\_\_\_\_ must not have transferred from one school to another for athletic purposes as a result of undue influence or persuasion by any individual or group of people.
- \_\_\_\_\_ must not have received in recognition of your ability as a HS or JHS athlete any award not presented or approved by your school or the WVSSAC.
- \_\_\_\_\_ must not, while a member of a school team in any sport, become a member of any other organized teams or as an individual participant in an unsanctioned meet or tournament in the same sport during the school sport season (exceptions note in 127-2-10.1).
- \_\_\_\_\_ must not have participated in more than one all-star contest in each sport. (This rule applies to seniors only).
- \_\_\_\_\_ must not have been enrolled in more than eight (8) semesters in grades 9 to 12. Must not have participated in more than two (2) seasons in any sport in grades 7 and 8 (Rule 127-2-5).

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimum standards, but also all other standards set by your school and the WVSSAC. If you have any questions regarding your eligibility or are in doubt about the effect any activity or action might have on your eligibility, check with your principal or athletic director. They are aware of the interpretation and intent of each rule. Meeting the intent and spirit of WVSSAC standards will prevent athletes, teams and schools from being penalized.

**PART II - PARENTAL CONSENT**  
 (To be filled in and signed by the parent or guardian)  
 (See Part I)

In accordance with the rules of the WVSSAC, I give my consent and approval to the participation of the student named above for the sport **NOT MARKED OUT BELOW**:

- |               |            |          |              |
|---------------|------------|----------|--------------|
| BASEBALL      | GOLF       | SOFTBALL | VOLLEYBALL   |
| BASKETBALL    | GYMNASTICS | SWIMMING | WRESTLING    |
| CROSS COUNTRY | RIFLERY    | TENNIS   | OTHERS _____ |
| FOOTBALL      | SOCCER     | TRACK    |              |

I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interscholastic athletic contests. I will not hold the school authorities or West Virginia Secondary School Activities Commission responsible in case of accident or injury as a result of this participation. I also understand that participation in any of those sports listed above may cause permanent disability or death. Please check appropriate space: He/She has student accident insurance available through the school ( ) : has football insurance coverage available through the school ( ) : is insured to our satisfaction ( ) .

I also give my consent and approval for the above named student to receive a physical examination, as required in Part IV, Physician's Certificate, of this form, by \_\_\_\_\_ MD, or by a qualified, registered physician as recommended by the named student's school administration.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**PART II - RESIDENCE AND PARTICIPATION**

Athlete's Name \_\_\_\_\_ Class \_\_\_\_\_ School Year \_\_\_\_\_  
(Last) (First) (MI)

Home Address \_\_\_\_\_ Parent's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Legal Guardian \_\_\_\_\_

Signature of Legal Guardian \_\_\_\_\_

Signature of Student-Athlete \_\_\_\_\_

This is my \_\_\_\_\_ semester in \_\_\_\_\_ High School. Last semester I attended \_\_\_\_\_ (HS/JHS) and passed \_\_\_\_\_ subjects. I have read the condensed eligibility rules of the WVSSAC and I have also read the \_\_\_\_\_ High School Student-Athlete Handbook and I agree to make every effort to keep up my school work and abide by the rules and regulations of the \_\_\_\_\_ High School Athletic Department and the WVSSAC.

**PART III - INSURANCE**

\_\_\_\_\_ High School does not carry student-athlete insurance. It is the responsibility of the parent/guardian of each athlete to make sure that he/she has one or more of the following plans in force:

- (1) Individual or Group Health/Accident Insurance  
Company \_\_\_\_\_ Policy No. \_\_\_\_\_
- (2) Special Insurance purchased for Football only \_\_\_\_\_
- (3) Student Classroom Accident Insurance \_\_\_\_\_

**PART IV - EMERGENCY MEDICAL TREATMENT PERMISSION**

I hereby authorize the school to obtain, through a physician of its choice, any emergency care that may become reasonably necessary for the student in the course of athletic activities or travel. Payment of all charges for medical treatment is guaranteed by me or the insurance company providing coverage for the student named below.

\_\_\_\_\_  
(Student Name) (Parent/Guardian Signature)

(1) Allergies or Special Problems \_\_\_\_\_

(2) Date of last tetanus shot \_\_\_\_\_

(3) Family Physician \_\_\_\_\_ Phone \_\_\_\_\_