

**ATHLETIC PARTICIPATION FORM**  
Required by Federal Way Public Schools & the WIAA

Participation Year \_\_\_\_\_

Student Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Student ID # \_\_\_\_\_ **Grade** 6 7 8 9 10 11 12 M \_\_\_ F \_\_\_

Home Phone \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_  
(if different from student) Street City Zip

Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Sch. Attended Last 12 Months \_\_\_\_\_ Date Entered 9<sup>th</sup> Grade \_\_\_\_\_

**SPORTS** Baseball Basketball Cross Country Cheer Drill Football Fast-pitch Golf  
(Check all that apply) Gym Soccer Swimming Tennis Track Volleyball Wrestling

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**PARENTAL APPROVAL**

Your son/daughter has chosen to participate in a Federal Way Public Schools' athletic program. Athletics can be dangerous. Accidents can happen and the risk of serious injury including paralysis and/or death does exist. Your signature indicates that you have read and understand the specific sport safety guidelines provided by the district.

Physicals are valid for 2 years; however, the physical cannot expire before the last date of participation for the individual sport. Athletes whose physicals expire before the last date of participation for the individual sport must renew their physical prior to any participation in the sport.

Transportation to and from athletic events within the Federal Way School District may not be available and will be the responsibility of the student and/or parent/guardian. Transportation information will be distributed to the athletes by coaching staffs prior to the season's first event.

I HAVE READ AND UNDERSTAND THE ABOVE AS WELL AS THE GENERAL RULES AND EXPECTATIONS FOR STUDENT-ATHLETES AS STATED IN THE MOST RECENT RIGHTS & RESPONSIBILITIES HANDBOOK.

**The Athletic Participation Fee Does Not Guarantee Playing Time**

I hereby grant permission for my son/daughter to participate in Federal Way Public Schools athletic programs.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date