



Seattle Public Schools Student Athletic Handbook Signature Page

View the Seattle Public Schools Student Athletic Handbook at <http://www.seattleschools.org/athletics>.

I certify that I have been provided information to be able to access the online Seattle Public Schools Student Athletic Handbook. I will carefully review the information contained in the handbook. I agree to adhere to the policies and procedures set forth therein.

Athlete's Full Printed Name: _____ Grade: _____

Signature of Athlete: _____ Date: _____

Parent/Guardian's Full Printed Name: _____

Parent/Guardian Signature: _____ Date: _____



Garfield Media and Photographic Release for Publication

Please read, complete and sign this form and return it to Garfield along with the Athletic packet.

Throughout the school year, **Garfield High School** students, parents and community members may be highlighted in efforts to promote **Garfield High School** athletic activities and achievements. For example, individuals may be featured in photographs or various types of media that include, but are not limited to: media guides, yearbooks, newspapers, radio, TV, websites, video productions, displays, and other types of media. **The Garfield Media and Photographic Release for Publication** form shall remain in place for the current school year, from the first day of school through the last day of school, in which it was signed.

Description of Media and Photographic Release

Any and all photographs (still or live) and/or video footage taken during Garfield High School activities, athletics, and other events that may occur on location or off site. This includes images previously taken during school events and future use.

I, _____ for good and valuable consideration, the receipt of which is hereby acknowledged, hereby irrevocably authorize Garfield High School and the respective photographers to use photographs and/or video of me and or my family members and or my property, and authorize him/her assignees, licensees, legal representatives and transferees to use and publish (with or without my name, school name or with fictitious name) photographs, pictures, portraits or images herein described in any and all forms, and media in all manners including composite images or distorted representations, and the purposes of publicity illustration, commercial art, advertising, publishing (including publishing in electronic form on CDs, videos, or internet websites), for any product or services, or other lawful uses as may be determined by representatives of Seattle Public Schools, Garfield High School, Garfield PTSA, or the respective photographers. I further waive any and all rights to review or approve any uses of the images, any written copy or finished product. I have read and fully understand the terms of this release.

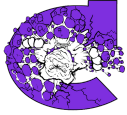
Student-Athlete PRINT Name _____

Student-Athlete Signature: _____ Date: _____

I am the parent or legal guardian of the above-mentioned minor and have the legal right and authority to execute the above release on behalf of the minor.

Parent/Legal Guardian PRINT Name _____

Parent/Legal Guardian Signature: _____ Date: _____



Garfield Athletic Emergency Information Form

Please Print

Fall Sport: _____ Winter Sport: _____ Spring Sport: _____

Student Name _____ Grade: _____

Address: _____ Zip Code _____

Birth Date: _____ Age: _____ Student's Email: _____

Student's Cell Phone: _____ Student's Home Phone: _____

Primary Parent/Guardian Contact Information

Name _____

Email: _____

Cell Phone: _____ Parent/Guardian Work Phone: _____

Secondary Parent/Guardian Contact Information

Name _____

Email: _____

Cell Phone: _____ Parent/Guardian Work Phone: _____

Emergency Contact Information

Name _____ Phone: _____ Relationship _____

Preference of Physicians:

1. _____ Telephone: _____

Name of Medical Facility: _____

2. _____ Telephone: _____

Name of Medical Facility: _____

Medical History/Allergies: _____

If neither physician is available, do we have your permission to take your student to another hospital or available physician? Yes No

Student Signature _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Office Use Only
 Acceptable _____
 Deficient _____

GARFIELD ATHLETIC ELIGIBILITY INFORMATION

All Students Complete This Side, Please Print Student # _____

Student Name: _____
Last First

Sport Turning Out For: _____
Phone No. _____

Date of Birth _____
Month / Day / Year Age Now Grade

Place of Birth _____
City State Country

Home Address: _____
Street City State

Are You Living With Your Parents? Yes No

If No, whom do you live with? _____

Are They Your Legal Guardian? Yes No

If Yes, How long have they been your legal guardian(s)? _____

Do You Live In This School's Attendance Area? Yes No

If No, explain why you attend here _____

Did you pass 5 subjects last semester with 2.0 or better? Yes No

Are you currently enrolled in 5 subjects? Yes No

Have you repeated any grade or dropped out
of school at any time since 7th grade? Yes No

I, The Student, understand that the SPS HS Sports Programs are funded by the ASB, and I know that I have an obligation to purchase an ASB Card.

□ **Falsifying Information On This Form Could
 Result In Forfeiture of Athletic Contests**

 Parent/Legal Guardian Signature

 Student Signature

If You Are A Foreign Exchange Student Or New Student Transferring To Garfield High School
 or Seattle School District, Please Complete Reverse Side

New Or Transfer Student Only

What school are you transferring from?

_____	_____
Name	League
_____	_____
City	State

Is the school a private or public school? (Circle one)

Did you participate in this sport at your previous school? Yes No

If yes, how many years? _____

Foreign Exchange Student

Are you a foreign exchange student? Yes No

If yes, complete the following information

Are you part of a regular, approved foreign exchange program? Yes No

Have you graduated from a school that is equivalent of a 12-year school program? Yes No

When did you first enroll at this school? _____

Note: All Foreign Exchange Students Must See The Athletic Director To Complete The WIAA Sanctioning Form.

_____	_____
Parent/Legal Guardian	Student

MUST COMPLETE OTHER SIDE