



## 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: \_\_\_\_\_



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
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If yes, complete the following information

Are you part of a regular, approved foreign exchange program?	Yes	No
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Have you graduated from a school that is equivalent of a 12-year school program?	Yes	No
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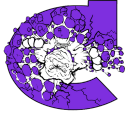
When did you first enroll at this school? \_\_\_\_\_

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

_____	_____
Parent/Legal Guardian	Student

MUST COMPLETE OTHER SIDE



## 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: \_\_\_\_\_

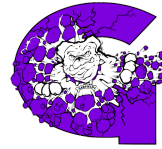
Medical History/Allergies: \_\_\_\_\_

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: \_\_\_\_\_

# Garfield High School



## Team/Sports Participation Approval

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

### Checklist will be completed by Athletic Department

- |   |  |
|---|--|
| _____ ASB Receipt # _____                                 | _____ Student Athlete Registration Packet  |
| _____ Physical Form ( ) ENT PS                            | _____ Student Health Insurance ( ) ENT PS  |
| _____ Concussion & SCA Awareness Form                     | _____ Garfield Emergency Info Form         |
| _____ Garfield Media Photo Release                        | _____ SPS Athletic Handbook Signature Page |
| _____ Transportation Form                                 | _____ Weight Room Consent Form             |
| _____ Garfield Athletic Eligibility Info                  | _____ Garfield Emergency Info Form         |
| _____ SPS Sport Specific Guardian Release & Warning Forms |  |

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#### Fines

\_\_\_\_\_ Cleared \_\_\_\_\_ Outstanding

#### Running Start

\_\_\_\_\_ WIAA Form \_\_\_\_\_ RS Schedule

#### Cross Enrolled Student:

\_\_\_\_\_ School Currently Attending: \_\_\_\_\_