



ISSAQUAH SCHOOL DISTRICT HIGH SCHOOL ATHLETIC / ACTIVITY PARTICIPATION

ISSAQUAH - LIBERTY - SKYLINE

Last Name _____ First Name _____ MI _____ Phone _____

Parent/Guardian's Legal Address _____ City _____ Zip _____

Student's Physical Address (if different) _____ City _____ Zip _____

Grade 9 10 11 12 Age _____ Birth date ____ / ____ / ____ Male Female

Emergency Contact _____ Home phone _____ Cell phone _____

E-mail Address(es): _____

PARTICIPATION CHECKLIST

FALL SPORTS

- Cross Country
- Football
- Golf (Mens)
- Soccer (Womens)
- Swim/Dive (Womens)
- Tennis (Mens)
- Volleyball

WINTER SPORTS

- Basketball (Mens)
- Basketball (Womens)
- Gymnastics
- Wrestling
- Swim/Dive (Mens)

SPRING SPORTS

- Baseball
- Fastpitch Softball
- Golf (Womens)
- Soccer (Mens)
- Tennis (Womens)
- Track & Field

ACTIVITIES

- Cheer staff
- Dance Team
- Drill Team
- NJROTC
- Other _____
- Other _____
- Other _____

ELIGIBILITY QUESTIONS

YES NO

- 1. Are you currently enrolled at ISSAQUAH HS LIBERTY HS SKYLINE HS
- 2. Are you currently receiving a *HOME-BASED* education?
- 3. Do you reside within the attendance area of the school you indicated you are enrolled in (above)?
- 4. Do you reside with your Parent(s) or Legal Guardian (s), and at their Legal Address, as recorded in the address listed above?
- 5. Are you a new student to this High School or the Issaquah School District?
If yes, where & when did you last attend _____ **PLEASE BRING YOUR LAST REPORT CARD**
- 6. Are you a foreign exchange student? If yes, what program _____
****** A full time student, as defined by WIAA, is a student enrolled in a minimum of 5 of 6 classes (7 of 8 classes at Liberty HS) ****
(seniors on track to graduate may have one less)**
- 7. Did you attend school full time last semester?
- 8. Are you currently enrolled as a full time student?
- 9. Did you pass and earn credit in all of your classes in the previous term?
- 10. Have you repeated any grade(s) or withdrawn from school since 7th grade? If yes, when _____

FALSE INFORMATION MAY RESULT IN LOSS OF ATHLETIC ELIGIBILITY AND FORFEITURE OF TEAM GAMES

DATE _____ SIGNATURE _____
(PARENT / LEGAL GUARDIAN)

DATE _____ SIGNATURE _____
(STUDENT - ATHLETE)