

# Park Vista High School

## Department of Athletics

### *Athletic Eligibility Packet*

Welcome to Park Vista Athletics. This cover sheet includes directions on completing the *Athletic Eligibility Packet*. The ENTIRE packet must be completed for your child to be permitted to try-out, practice or compete in contests. Incomplete packets will delay your child's participation. Please follow these directions.

After attaining the coach's signature, **RETAIN THIS PAGE** for your records.

**It is recommended that you make a copy of this completed *Athletic Eligibility Packet*.**

SUBMIT THIS PACKET TO YOUR **COACH**.  
ONLY YOUR **COACH** WILL ACCEPT THIS PACKET.  
DO **NOT** SUBMIT THIS PACKET TO THE MAIN OFFICE.

#### Table of Contents:

1. *Athletic Eligibility for High School Students* –PBSD 1588 HS \*
2. *Interscholastic Athletics Accident Insurance Form* – WTDHS IAAIF
3. *Student Medical Consent* – PBSD 1589 HS \*
4. *Pre-participation Physical Evaluation-* FHSAA EL
5. *Consent and Release from Liability Certificate* – FHSAA EL3
6. *Athletics Sportsmanship Agreement*

The student/athlete is required to **sign and date** these documents in **five (5)** places.  
The parent/guardian is required to **sign and date** these documents in **six (6)** places.  
The physician is required to **sign and date** these documents in **one (1)** and/or **two (2)** places.

**\*FORMS 1 AND 3 MUST BE NOTARIZED.**

Please submit this packet and remit the Insurance Premium to the athlete's coach **directly.**

Amount remitted: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Coach's Name: (print) \_\_\_\_\_

Coach's Signature: \_\_\_\_\_

**RETAIN THIS PAGE**  
**FOR YOUR RECORDS**

