Wissahickon School District

Activities and Athletics Program Participation Form and Information

If your student is interested in participating in a middle school or high school extracurricular activity at Wissahickon School District, contact the secretary to obtain the WSD Extracurricular Program Participation Packet. Complete the participation packet and return to the high school (grades 9-12) or middle school (grades 7-8) using the contact information listed below.

- **Wissahickon High School –** Kathy Dick; kdick@wsdweb.org
  - **High School Athletics:** https://wissahickonathletics.org/
  - **High School Activities:** https://www.wsdweb.org/schools/wissahickon-high-school/student-life/activities-wisswatch
- **Wissahickon Middle School –** Roxanne Filipe; rfilipe@wsdweb.org
  - **Middle School Athletics:** https://wmstrojans.org/
  - **Middle School Activities**: https://www.wsdweb.org/schools/wissahickon-middle-school/student-life/activities

Student First and Last Name: _____

Grade: ____

Requested Athletic Team/Activity: _____

School: _____

- ☐ My child is currently enrolled in Wissahickon Virtual Academy (WVA).
- ☐ My child is currently a home-educated student.
- ☐ My child is currently enrolled in a cyber-charter school, _____.
- ☐ My child is currently enrolled in a charter school, _____.
- ☐ My child is currently enrolled in _____, a faith-based school.

Parent/Guardian (Printed): _____

Parent/Guardian (Signature): _____ Date _____

Principal (Signature): _____ Date _____

Assistant Superintendent (Signature): _____ Date _____

Upon final approval, the Athletic Director's Office notifies the parents of their child's inclusion in the program. Athletic Director's Confirmation of Parent Notification (date): _____

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Form Checklist

The following documents are required to include with this program participation packet.

- ☐ Emergency Contact Information *(attached)*
- ☐ Student Health History *(attached)*
- ☐ Immunization Record
- ☐ Proof of Tuberculosis (TB) test taken in the United States if born outside of the United States or visited/lived in a high-risk country for more than 90 days
- ☐ *Student-athletes*: PIAA Forms Section 1-6 and Athletic Eligibility Form with Code of Student Conduct

Student-Athletes: PIAA Forms Section 1-6 and Athletic Eligibility Form with Code of Student Conduct

- View and download the PIAA forms from the HS/MS athletics website. Section 6 requires completion and signature by medical doctor. All physical examination must be completed on or after June 1 for the upcoming school year. This is an annual requirement. Please note that PIAA forms submitted last school year are not valid for the new school year.
- Click here to view/download the Athletic Eligibility Form and Code of Student Conduct
- ALL obligations must be cleared from previous seasons prior to beginning a new sports' season.
- All student-athletes are required to complete a baseline concussion test prior to sports participation. This baseline test is coordinated and conducted by district staff when pre-season begins.

Academic Eligibility

- WMS: Any student with grades of a D and F, or lower, (in any subject) for a second week will be ineligible for the upcoming week's activities.
- WHS: In order to be eligible, a student may not be failing three (3) or more courses at any time.

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Emergency Contact Information

Student Name: _____

Birth Date: _____

Grade: _____

Gender: ☐ Male ☐ Female

Street Address (Street, City, and Zip Code): _____

Best Contact Phone Number: _____

Parent/Guardian Information

This student resides with: ☐ Parent 1 ☐ Parent 2 ☐ Both

Parent/Guardian Name #1: _____

Relationship: _____

Street Address (Street, City, and Zip Code): _____

Best Contact Phone Number: _____

E-Mail: _____

Parent/Guardian Name #2: _____

Relationship: _____

Street Address (Street, City, and Zip Code): _____

Best Contact Phone Number: _____

E-Mail: _____

Medical Information (Family Physician and Dentist)

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Primary Insurance: _____ Policy Group #: _____

Secondary Insurance: _____ Policy Group #: _____

On a separate page, please note any concerns including but not limited to life-threatening allergies, post-concussion symptoms and any medical conditions or special health concerns such as seizures, diabetes, asthma, heart irregularities, etc. as well as any prescription medications taken at home. By signing below, you acknowledge and consent that this information may be shared with persons that care for or supervise your child while at school and those persons who transport and/or supervise your child to and from school or during field trips. If your child becomes ill or injured at school, it is the responsibility of the parents to provide transportation home. In case of a serious health emergency, when parents cannot be reasonably and/or timely contacted, by signing below, you give school staff permission to take whatever action deemed necessary for the health of your child and to provide any health records or information necessary to a third party for the health of your child. You give permission for your child to be taken to the nearest hospital in the event of a serious illness or injury.

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Student Health History

Student Name: _____

Family Physician: _____

- Phone: ____ - ____ - _____
- Date of Last Exam ____ / ____ / _____

Family Dentist: _____

- Phone: ____ - ____ - _____
- Date of Last Exam ____ / ____ / _____

Primary Insurance: _____ Policy Group #: _____

Secondary Insurance: _____ Policy Group #: _____

Disease History / Illnesses (Check all that apply.)

☐ ADD/ADHD

☐ Arthritis/Rheumatic Disease

☐ Asthma

☐ Bleeding Disorder/Cooley's Anemia

☐ Cardiovascular Disease

☐ Cerebral Palsy

☐ Chicken Pox Disease at Age ____

☐ Cystic Fibrosis

☐ Diabetes Type I

☐ Diabetes Type II

☐ Eating Disorder

☐ Epilepsy/Seizure Disorder

☐ Gastrointestinal Disease

☐ Headaches

☐ Kidney Disease

☐ Lyme disease

☐ Sickle Cell Disease

☐ Skin Disorder

☐ Spina Bifida

☐ Tourette's Syndrome

☐ Other: _____

Health History

Please describe if the answer was "yes" to any of these questions.

1. Does your child have frequent ear infections or trouble hearing? ☐ No ☐ Yes
2. Does your child wear glasses or contact lenses? ☐ No ☐ Yes
3. Has your child ever had a serious illness? ☐ No ☐ Yes
4. Has your child ever had any surgery? ☐ No ☐ Yes
5. Has your child ever had a brain or head injury? ☐ No ☐ Yes

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Allergy History

1. Does your child have a life-threatening allergy? ☐ No ☐ Yes
   If yes, please explain: _____

2. Will your child need to carry an Epi-Pen? ☐ No ☐ Yes

3. Has your child ever had an allergic reaction to **any** medications? ☐ No ☐ Yes
   If yes, please explain: _____

4. Has your child had an allergic reaction to any foods? ☐ No ☐ Yes
   If yes, please explain: _____

5. Has your child ever had a reaction to an insect sting? ☐ No ☐ Yes

   If yes, please explain: _____

6. Does your child have any environmental allergies? ☐ No ☐ Yes

   If yes, please explain: _____

7. Does your child have asthma? ☐ No ☐ Yes

8. Please explain the type of asthma (allergic, exercise induced, etc.):

   _____

   a. Your child's best Peak Flow reading: _____
   b. Please list any medication(s) your child takes for asthma and the frequency it is taken:

      _____
   c. Will your child need to carry an inhaler? ☐ No ☐ Yes

Medication History

List any medications your child takes on a daily basis and describe the reason for the medication._____

_____

_____

Miscellaneous

Please list any condition your child may have which might limit his/her activities. Please include any other comments you think might be helpful (feel free to attach an additional page).

_____

_____

_____

_____ _____ / _____ / _____

Parent/Guardian Signature Date