

STANWOOD – CAMANO SCHOOL DISTRICT NO. 401  
Cheer Athletic Registration Form for 2022/23 School Year  
**THIS FORM MUST BE COMPLETED IN FULL TO TRY OUT FOR CHEER**

(Once you make the cheer squad, you will need to complete the online registration packet for next school year.)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Do you reside in the Stanwood-Camano School District? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Have you transferred to SHS this school year? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes from where \_\_\_\_\_)**

**DO YOU HAVE ANY CLASSES AT LINCOLN HILL HIGH SCHOOL Yes \_\_\_\_\_ No \_\_\_\_\_**

Please indicate the cheer season you are turning out for: (fall) \_\_\_\_\_ (winter) \_\_\_\_\_

In order for a student to participate in interscholastic athletics, he/she **must be covered by an accident insurance plan**, either provided by the family or the school insurance plan offered through the school district.

Please choose one from below:

\_\_\_\_ I have personal insurance coverage thru \_\_\_\_\_ (Company name), the equivalent or better than the Washington State Industrial Insurance Fee Schedule for doctors' services or hospitalization and I will continue to keep it in force throughout the sports seasons. I understand that it is my responsibility to inform the athletic office immediately if my insurance lapses during the sport season.

\_\_\_\_ I have purchased school insurance on \_\_\_\_\_ (date). (Confirmed: \_\_\_\_\_)

**Physical:** I have attached a copy of a physical that is dated within the last two years. **PLEASE INITIAL HERE:** \_\_\_\_\_

**Athletic/Activities Code of Conduct:** I have read and understand the Stanwood High School Student Athletic/Activities Code Handbook. I understand that this code is a 365-day code, governing athletes 24 hours a day, accumulative throughout all high school years. **PLEASE INITIAL HERE: parent \_\_\_\_\_ athlete \_\_\_\_\_**

**MRSA Form:** We have read the information about communicable diseases. We understand that it is our responsibility to make sure our student has their own water bottle, showers after practices and competitions using their own personal items and has clean practice and competition clothing. We will notify the coach of any potential skin infections or if our student is diagnosed with mononucleosis or any other communicable disease. **PLEASE INITIAL HERE: parent \_\_\_\_\_ athlete \_\_\_\_\_.**

**Concussion & Sudden Cardiac Arrest Awareness Form:** We have read and understand the information presented in the concussion recognition and sudden Cardiac Arrest Awareness Pamphlets. **PLEASE INITIAL HERE: parent \_\_\_\_\_ athlete \_\_\_\_\_.**

**Risk Management Release Form:** Each sport has its own sport specific safety guidelines. We agree that neither the school district, nor the staff of the school district, nor the student organization of the school district shall in any way be held liable for an accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the district. We further agree that neither the district nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity. I certify that I have read the Safety Guidelines for my specific sport, understand its content and agree to its terms. **PLEASE INITIAL HERE: parent \_\_\_\_\_ athlete \_\_\_\_\_**

Athletes are required to **purchase an ASB card before the day** of the first competition. **PLEASE INITIAL HERE: parent \_\_\_\_\_ athlete \_\_\_\_\_**

**We (parent/athlete) have read and completed the above information, including the insurance coverage information, the Athletic/Activities Code of Conduct, MRSA form, Concussion & Sudden Cardiac Arrest Awareness form, Risk Management Release Form. I (parent/guardian) will accept full responsibility for the cost of treatment for any injury that my/our child may suffer while taking part in the program.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date