

WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION  
Rt. 9, Box 76 - Parkersburg, WV 26101

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM  
(Separate form required each school year. File in the office of the Principal.)

PART I - ATHLETIC PARTICIPATION  
(To be completed and signed by the student)

Name: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
(Last) (First) (Initial)  
Home Address: \_\_\_\_\_ Home Address of Parents: \_\_\_\_\_  
City: \_\_\_\_\_ City: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

This is my \_\_\_\_\_ semester in \_\_\_\_\_ (High School or Junior High/Middle School). Last semester I attended \_\_\_\_\_ (High School) or (Junior High/Middle School) and passed \_\_\_\_\_ subjects. I have read the condensed eligibility rules of the WVSSAC athletics. If accepted as a team member, I agree to make every effort to keep up my school work and abide by the rules and regulations of the school authorities and the WVSSAC.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Printed: \_\_\_\_\_

INDIVIDUAL ELIGIBILITY RULES

- Attention Athlete! To be eligible to represent your school in any interscholastic contest, you...
- \_\_\_\_\_ must be a regular bona fide student in good standing of the school.
  - \_\_\_\_\_ must have enrolled not later than the tenth day of current semester.
  - \_\_\_\_\_ must have earned at least 2 units of credit the previous semester. Summer school may be included.
  - \_\_\_\_\_ must have attained an overall "C" (2.00) average. Summer school may be included.
  - \_\_\_\_\_ must not have reached your 15th (MS), 16th (JHS) or 19th (HS) birthday before August 1 of the current school year.
  - \_\_\_\_\_ must be residing with parent(s) or legal guardian as specified by Rule 127-2-7 and 8.
    - \_\_\_\_\_ unless parents or guardians have made a bona fide change of residence during school term.
    - \_\_\_\_\_ unless an AFS or other Foreign-Exchange student (one year of eligibility only).
    - \_\_\_\_\_ unless the residence requirement was met by the 365 calendar days attendance prior to participation.
    - \_\_\_\_\_ unless one time transfer at completion of highest grade or entering lowest grade.
  - \_\_\_\_\_ must have not transferred from a private to a public or public to private member school without forfeiting 365 calendar days of athletic eligibility (exception 127-2-1.17 (1-2-3)).
  - \_\_\_\_\_ must be an amateur as defined by Rule 127-2-11.
  - \_\_\_\_\_ must have submitted to your principal before becoming a member of any school athletic team Participation/Parent Consent/Physician Form, completely filled in and properly signed, attesting that you have been examined and found to be physically fit for athletic competition and that your parents or guardian consent to your participation (See exceptions under Rule 127-3-3).
  - \_\_\_\_\_ must not have transferred from one school to another for athletic purposes or changed guardianship as a result of undue influence or persuasion by any individual or group of people.
  - \_\_\_\_\_ must not have received, in recognition of your ability as a HS or JHS athlete, any award not presented or approved by your school or the WVSSAC.
  - \_\_\_\_\_ must not, while a member of a school team in any sport, become a member of any other organized team or as an individual participant in an unsanctioned meet or tournament in the same sport during the school sport season (exceptions note in 127-2-10.1)
  - \_\_\_\_\_ must not have participated in more than one all-star contest in each sport. (This rule applies to seniors only).
  - \_\_\_\_\_ must not have been enrolled in more than (8) semesters in grades 9 to 12. Must not have participated in more than two (2) seasons in any sport in grades 7 and 8 (Rule 127-2-5).
  - \_\_\_\_\_ must not play on a high school team if attending a middle school or junior high which has a program in that sport.

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimum standards but also all other standards set by your school and the WVSSAC. If you have any questions regarding your eligibility or are in doubt about the effect any activity or action might have on your eligibility, check with your principal or athletic director. They are aware of the interpretation and intent of each rule. Meeting the intent and spirit of WVSSAC standards will prevent athletes, teams, and schools from being penalized.

PART II - PARENTAL CONSENT  
(To be completed and signed by the parent or guardian)  
(See Part I)

In accordance with the rules of the WVSSAC, I give my consent and approval to the participation of the student named above for the sport NOT MARKED OUT BELOW:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> FOOTBALL	<input type="checkbox"/> SOCCER	<input type="checkbox"/> TRACK
<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> GOLF	<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> VOLLEYBALL
<input type="checkbox"/> CHEERLEADING	<input type="checkbox"/> GYMNASTICS	<input type="checkbox"/> SWIMMING	<input type="checkbox"/> WRESTLING
<input type="checkbox"/> CROSS COUNTRY	<input type="checkbox"/> RIFLERY	<input type="checkbox"/> TENNIS	<input type="checkbox"/> OTHERS _____

I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interscholastic athletic contests. I will not hold the school authorities or West Virginia Secondary School Activities Commission responsible in case of accident or injury as a result of this participation. I also understand that participation in any of those sports listed above may cause permanent disability or death. Please check appropriate space: He/She has student accident insurance available through the school (  ); has football insurance coverage available through the school (  ); is insured to our satisfaction (  ).

I also give my consent and approval for the above named student to receive a physical examination, as required in Part IV, Physician's Certificate, of this form by \_\_\_\_\_ MD, or by a qualified, registered physician as recommended by the named student's school administration.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_