

PENNSBURY

STUDENT # _____

ATHLETIC ELIGIBILITY INFORMATION Male _____ Female _____

NAME: _____
Last First SPORT: _____PARENT NAME: _____ PHONE: _____
Last FirstADDRESS: _____
Street City State Zip

DATE OF BIRTH: (Month/Day/Year) _____ / _____ / _____ PRESENT AGE: _____

GRADE THIS YEAR: _____ SCHOOL ATTENDED LAST YR: _____

DID YOU REPEAT A GRADE? NO YES IF YES, WHAT GRADE(S)? _____

I have participated in this sport on a school team during my: (Include present year)

 7th 8th 9th 10th 11th 12th**PLEASE BE AWARE OF THE FOLLOWING P.I.A.A. AND PENNSBURY SCHOOL DISTRICT REGULATIONS:**

- Attendance:** "A Student who has been absent from school during a semester for a total of ***twenty or more*** days shall not be eligible to participate in any athletic contest until he/she has been in attendance for a ***total of 45 days*** following his/her twentieth day of absence."
- Transfers and residence:** A student transferring from one school district to another is eligible ***immediately*** if the pupil ***resides*** with (a) his/her natural parents(s); (b) legally adopted parents; (c) a legal guardian; (d) or foster parents. Transfers between private and public schools, foreign exchange students must be approved by P.I.A.A.
- Participation:** A pupil ***shall not*** represent his school in athletics if: (1) he/she has been in ***attendance more than eight semesters*** beyond the 8th grade; except in cases of long confining illness or injury and with P.I.A.A. approval: and (2) played four seasons beyond the 8th grade in any one form of athletics; and (3) completed grades 9, 10, 11, and 12.
- Curriculum:** Each student-athlete ***must be passing at least four full credit subjects***, or the equivalent. Eligibility shall be cumulative from the beginning of a grading period and shall be reported on a weekly basis. A student ***may not fail more than one subject*** on a weekly basis or at the end of a marking period in order to participate in the athletic program.

Any questions pertaining to PIAA eligibility should be made to the building Principal and/or Director of Athletics.

In accordance with P.I.A.A. By-Laws, I give consent for my son/daughter to participate in interscholastic _____ during the current school year. I will make sure I obtain and read the brochures from the coach regarding **Rules and Regulations for the Student Athlete** and understand the importance and intent of these rules._____
Parent/Guardian Signature_____
Date_____
Student's Signature

**PENNSBURY SCHOOL DISTRICT
ATHLETIC OFFICE**

INTERSCHOLASTIC ATHLETIC INSURANCE PLAN

Dear Parent or Guardian:

The School District has purchased and provides an Excess Accident Insurance policy for **Accidental Injuries** that occur during practice/training and play of interscholastic athletics. The policy, which the School District purchased, is written on a \$100 Excess basis, which means that the insurance provider pays the first \$100 of the claim and then benefits are secondary to all or any other coverage.

Pennsbury School District Administration

_____ has my permission to
First Name Last Name

participate in the Pennsbury School District Interscholastic Athletic Program for the _____ season in
(school year)

_____ at _____
Sport School

My son/daughter has health insurance coverage. _____ Yes _____ No (check one)

I understand that the District's athletic insurance plan is a secondary plan and that if my son/daughter is covered under another insurance plan, coverage under the District's plan will be limited to the first \$100.00.

Signature of parent or guardian

Date