

Athletic Packet Instructions/Checklist

Please check along as you complete each one to make sure you have them all.

INCOMPLETE PACKETS WILL NOT BE ACCEPTED

Student Name _____

Grade _____

Student-Athlete Registration Packet

Signature Page

Physical Exam (*please check one and follow directions*) – expires every 2 years

I still have my physical on file at Roosevelt HS (check the Source for the date)

▪ Date of Physical: _____

I have a physical on file at my Middle School

▪ Please ask your Middle School for a copy of the physical and e-mail to:
dnbayot@seattleschools.org, or, attach it to this packet prior to turning in

I do NOT have a physical on file / My physical has EXPIRED

▪ Please go to our website, print out the Physical Exam Form (3 pages), and have a physician fill it out and sign. Then, scan/e-mail it to
dnbayot@seattleschools.org, or attach it to this packet prior to turning in

Purchase an **ASB/Activity Card**

ASB Card Only \$ _____

Yearbook/ASB Combo \$ _____

Pay your **fines**. Check the Source to see if you have any

Check out RHS Athletics Website for updates, due dates, and more info:

https://roosevelths.seattleschools.org/student_activities/athletics/

Turn in completed packet in the Main Office

Signature Page

By initialing each section and signing below, the parent/guardian and the student have read the following documents (available on the Roosevelt HS Athletics Webpage), understand contents, and agree to the terms.

	Student Initials	Parent Initials
Game Day Expectations	_____	_____
Parent/Guardian Extracurricular Athletic Transportation	_____	_____
Weight and Fitness Room Inherent Risk Consent	_____	_____
Sudden Cardiac Arrest Awareness	_____	_____

PARENT/GUARDIAN RELEASE FORM FOR EACH SPORT THAT YOUR STUDENT IS PLAYING

Check the sport(s) that you plan to participate in, and initial each season's section.

Student Initials	Parent Initials	FALL SPORT (check your sport)
_____	_____	<input type="checkbox"/> Boys XC <input type="checkbox"/> Football <input type="checkbox"/> Girls Soccer <input type="checkbox"/> Girls XC <input type="checkbox"/> Golf <input type="checkbox"/> Girls Swim <input type="checkbox"/> Volleyball
Student Initials	Parent Initials	WINTER SPORT (check your sport)
_____	_____	<input type="checkbox"/> Girls Basketball <input type="checkbox"/> Boys Swim <input type="checkbox"/> Wrestling <input type="checkbox"/> Boys Basketball <input type="checkbox"/> Gymnastics
Student Initials	Parent Initials	SPRING SPORT (check your sport)
_____	_____	<input type="checkbox"/> Baseball <input type="checkbox"/> Boys Soccer <input type="checkbox"/> Track and Field <input type="checkbox"/> Softball <input type="checkbox"/> Tennis

Student Name – PRINT	Student Signature	Date
Parent/Guardian Name – PRINT	Parent/Guardian Signature	Date