

# AMES HIGH ATHLETIC

## SPORTS REGISTRATION FORM

- **Registration Form** (must be signed by parent/guardian and athlete)
- **Physical Form** signed by doctor. Physicals are good for 13 months.

*All registrations must be complete before the first day of practice of each season.*

PRINT ALL INFORMATION

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PRESENT YEAR IN SCHOOL (**CIRCLE ONE ONLY**): FRESHMAN      SOPHOMORE      JUNIOR      SENIOR

NAME \_\_\_\_\_ HR \_\_\_\_ COUNSELOR \_\_\_\_\_

CIRCLE ONE:    MALE                      FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_/\_\_\_/\_

PARENT(S)LEGAL GUARDIAN(S)

FIRST & LAST NAME(S) \_\_\_\_\_

MOTHER – HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

FATHER – HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

.....  
NAME OF SPORT (CIRCLE ALL SPORTS OF INTEREST):

FALL:    Cross Country --- Football --- B Golf --- G Swim & Dive --- Volleyball --- Cheer squad

WINTER:        Basketball --- B Swimming --- Wrestling --- Cheer squad --- Drill Team

Spring:         G Golf --- Tennis --- Track --- Soccer

Summer:        Baseball --- Softball

SCHOOL ATTENDED LAST YEAR (if not Ames High School) \_\_\_\_\_  
.....

**(OVER)**

**ACADEMIC ELIGIBILITY**

Note: Academic Eligibility requirements (Scholarship Rule 36.15, found @ IGHSAU under policy/guideline updates), are expected to be followed by all AHS student athletes. The ACSD is currently examining interscholastic athletics and co-curricular programs. If changes are approved by the ACSD Board these changes become district policy immediately.

Eligibility Requirement as defined by the Iowa High School Athletic Association, the Iowa Girl’s High School Athletic Union and Ames High School:

- 1. Athletes must not have failed any class from previous semester. (Note: a withdrawal after 3 weeks is recorded as an F).
- 2. Athletes must be a full time student (27contact hours per week).
- 3. A student is academically eligible upon entering the ninth grade.

WE UNDERSTAND THE ABOVE REQUIREMENTS AND BELIEVE OUR SON/DAUGHTER IS ACADEMICALLY ELIGIBLE FOR THE SPORT(S) IN WHICH HE/SHE WILL BE PARTICIPATING.

\_\_\_\_\_  
Athlete’s Signature

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



This is to inform you that our child \_\_\_\_\_ is  
Name of Son or Daughter

\_\_\_\_\_ Covered by a health insurance policy.

\_\_\_\_\_ Is not covered by an accident insurance policy.  
(Ames High School will not be held liable in case of an accident.)

\_\_\_\_\_ We want to purchase the school issued insurance.  
(Forms are available in the athletic office.)

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Parent/Guardian’s Signature**

