

WRHS Athletic Eligibility Form

Name _____ Date of Birth _____

Address _____

Grade _____ Student I.D. # _____ Telephone _____

Parent's Name _____ Home Phone # _____

This is to certify that the above named child has my permission to play _____ *Sport*

The above named child is covered by school insurance or a family health policy.
Specify type of coverage: _____

The above named child has sustained a prior concussion(s). Date of concussion(s): _____

The above named child will travel to and from games by school provided transportation and will be responsible for the full cost of any athletic equipment issued to him/her that is lost or destroyed.

Parent/Guardian Signature

Student Athlete Signature

(Do not write in this space – For WRHS Health Office use only)

I hereby certify that the above named student has been examined by a physician in the past twelve months and a record of such exam is on file in the Wachusett Regional High School Health office and that all immunizations are up to date.

Health Office Clearance

Date

Date of Physical

High School Athletic Fee Schedule Per Season

Individual	\$200/student
Family	\$325/family

Students eligible for free lunch are exempt from the athletic fee.

The fee for students eligible for reduced-price lunch is
\$100.00/individual or \$162.50/family.

To Be Completed by School Staff

Fee Paid _____	_____	_____
Amount	Staff initials	Date

Names of Siblings Covered _____

Eligible for free or reduced lunch ____