This form must be uploaded to WHS Athletic Director by July 7, 2024

WHS ATHLETIC DIRECTOR QUESTIONNAIRE

This questionnaire is to be completed in FULL by each person trying out for athletics and band at Washington High School. Please print, use full names (no nick names) and fill in all questions. Submit this form when finished. It is necessary that a form be completed for each sport that one tries out for throughout the school year.

1. Enter your Full Name (Last, First, Middle):* _____

2. Enter today's date (mm/dd/yy):* _____ / _____ / _____

3. Enter your Student ID#:* _____

4. Sport(s):* _____

5. Enter your Age:* _____

6. Enter your Birth Date (mm/dd/yy):* ____ / _____ / _____

7. Circle your grade level:* 9 10 11 12

8. Enter the year you entered WHS:* 20_____

9. Enter the City and State of Birth:* _____ , _____

10. Enter Father's Name: _____

11. Enter Mother's Name: _____

12. Enter Current Address:* _____ , _____ , _____ , _____
Street City State Zip

13. Do your parents live in Jefferson County? (Washington High School Zone)* Yes No

14. What school did you attend school last semester?* _____

15. To be eligible, you must:

A. Have passed four (4) subjects the preceding semester (2 core classes).
B. Have a C (2.0 grade point average) the preceding semester for all classes
C. Have a Birth Certificate on file in the school office.
D. Have a Physical Exam Form on file in the trainer's room.
E. Have an Insurance Release Form on file with the coach and trainer.

16. Student Signature and Date:* _____ ____ / _____ / _____

17. Parent Signature and Date:* _____ ____ / _____ / _____