

**MANHEIM CENTRAL SCHOOL DISTRICT  
ATHLETIC DEPARTMENT  
ELIGIBILITY INFORMATION**

**NAME** \_\_\_\_\_ **SPORT** \_\_\_\_\_ **YEAR** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_ **AGE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**ENROLLMENT:** MC PUBLIC SCHOOL    MC HOME SCHOOL    TUITION STUDENT

GRADE AT THE TIME YOU WILL BE PLAYING THIS SPORT \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

VERY IMPORTANT -- ALL ATHLETES: Indicate your grades of competition in this sport (including this season) by placing an (X) in the appropriate spaces.

7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>

---

**STUDENT PLEDGE**

All participants in Manheim Central athletic activities have received a copy of the **BARON CODE OF CONDUCT**. It should be read carefully by students and their parents or guardians. Students will be expected to adhere to the standards of the CODE.

I have read, understand, and support the **BARON CODE OF CONDUCT**, and will exert every effort to refrain from any conduct or action that is contrary to it.

**Student Signature** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_

---

**INSURANCE FORM**

DID YOU PURCHASE SCHOOL INSURANCE?   YES    NO    **PLEASE COMPLETE THIS FORM.**

\_\_\_\_\_ is fully covered by \_\_\_\_\_  
(student-athlete) (Insurance Co. or plan)

He/she has my permission to participate in \_\_\_\_\_, and I hereby release  
(sport)

MANHEIM CENTRAL SCHOOL DISTRICT from any and all responsibility for injuries my child might sustain during participation in this activity.

**Parent Signature** \_\_\_\_\_

I hereby grant permission for the Athletic Trainers employed by Manheim Central to perform immediate care and emergency treatment of injuries, and if necessary, to transport my son/daughter to the nearest medical facility.

**Parent Signature** \_\_\_\_\_ **Parent Email** \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_ **PHONE** \_\_\_\_\_