

ISSAQUAH SCHOOL DISTRICT ATHLETIC REGISTRATION FORM

SECTION I: INFORMATION

Student-Athlete Name: _____
 (Last) (First) (Middle Initial)

Male: _____ Female: _____ Grade: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Home Phone: _____ Bus. Phone: _____

Father's Name: _____ Home Phone: _____ Bus. Phone: _____

Name of School: _____

Emergency Contact: _____ Phone: _____

IF YOU ARE A TRANSFER STUDENT, PLEASE FILL IN THIS SECTION:

School last attended: _____
 School Name City State

**SECTION II: ACCIDENT INSURANCE
PARENT RESPONSIBILITY**

Name: _____
(PRINT - Legal Parent/Guardian)

I recognize that in case of injury to my son/daughter, the cost of treatment is my responsibility and not the responsibility of the Issaquah School District. I also recognize that the Issaquah School District does not carry primary medical insurance for such injuries and is not responsible for any costs relating to treatment. I understand that I am responsible for providing adequate medical coverage in the event my child is injured while participating in athletic activities.

YES ___ I have adequate insurance with: (Medical) _____ Policy # _____
 (Dental) _____ Policy # _____
 (Name of Insurance Companies)

NO ____, I do not have adequate insurance coverage and wish to enroll my son/daughter in the insurance program offered by the Issaquah School District. (Please note that forms may be picked up in the school's office)

NO ____, I do not have insurance but will be responsible for the cost of any and all treatment my son/daughter may require as a result of participating in the athletic program. I further understand that this is not the responsibility of the Issaquah School District if I choose not to have insurance coverage for my son/daughter.

I UNDERSTAND AND ACCEPT THE ABOVE STATEMENTS. I HEREBY GIVE CONSENT FOR MY SON/DAUGHTER TO PARTICIPATE IN INTERSCHOLASTIC ACTIVITIES DIRECTED BY THE ISSAQUAH SCHOOL DISTRICT.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

SECTION III: INJURY RISK/PARENT PERMISSION

- My son/daughter has permission to participate in **ALL** school district athletic/activity programs.
- My son/daughter **DOES NOT** have permission to participate in the following sports: (please list)

Athletic activities are inherently dangerous. Accidents can happen and risks of serious injury do exist. Your signature below indicates that you give your son/daughter permission to participate in the sports activity indicated, agree to pay for all medical care arising from a sports-related activity that is not covered by the above-noted insurance policy, have completed the **Concussions Awareness Form** and an **Inherent Risk Form** required for *each* sport in which the student athlete participates.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PLEASE SIGN IN INK/NO PENCIL

SECTION IV: ATHLETIC ELIGIBILITY

PRINT STUDENT NAME _____

Please answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information. A participant/parent/guardian who provides the school with false information may result in the participant being declared ineligible from interscholastic competition for a period of one year.

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The above student has not reached their 15 th birthday prior to June 1 of the previous year. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The above student resides within the boundaries of the Issaquah School District. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The above student resides with their parents/legal guardians. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The above student was in attendance in school at least 10 weeks of the previous trimester. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The above student passed all classes of the previous grading period. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The above student is presently enrolled in a minimum of 4 academic classes. |

ACADEMIC ELIGIBILITY/ACADEMIC PROBATION

If a student is passing all classes s/he is eligible to turnout and participate in athletic competitions. Grades will be checked 10 days into the beginning of each sport season. If a student is failing a class s/he will be put on athletic probation for 10 days. The student may turn out and participate in athletic competitions during the first 10 day period. At the end of the first 10 day probationary period, grades are checked again. If the student is still failing a class at the end of the probationary period s/he will be on academic probation for another 10 days. S/he may turn out but not participate in athletic competitions. The student may be removed from probation as soon as the grades are raised. At the end of the second probationary period, grades are checked again. If a student is passing all classes s/he is removed from probation. If the student is still failing a class s/he is done for the season.

School attended last year _____ from (month/year) ____ / ____ to ____ / ____.

STUDENT SIGNATURE: _____

DATE _____

PARENT/GUARDIAN _____

PLEASE SIGN IN INK/NO PENCIL

DATE _____

SECTION V: PHYSICAL EXAMINATION

(The physical examination form is to be completed by a medical authority licensed to give physical examinations.)

Washington Interscholastic Activities Association (WIAA) requires that prior to the first participation in interscholastic athletics, a student shall undergo a thorough medical examination and be approved for interscholastic athletic competition by a medical authority licensed to perform a physical examination. WIAA regulations state that those licensed to perform physical examinations include MD, Doctor of Osteopathy DO, Certified Registered Nurse (ARNP), Physician’s Assistant (PR), and Naturopathic Physicians.

Issaquah School District policy requires that:

- **A current physical examination is completed prior to participation at the middle school level (grades 6-8) and must be dated after June 15th of the 5th grade year.**
- **Physicals are valid for 12 months from the date of the examination.**
- **Physical expiration dates must extend beyond the respective WIAA season ending date.**
- **Expiration dates occurring within a sport season shall require a new examination.**

NEW REQUIREMENT: PHYSICALS NOW REQUIRED ANNUALLY

ISSAQUAH SCHOOL DISTRICT PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

Name: _____ Birth Date: _____ Exam Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Sport: _____

EXAMINER'S NOTE: This examination is for participation at the middle school level (grades 6-8).

HISTORY

- | | Yes | No | |
|-------|--------------------------|--------------------------|--|
| 1 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any illness/injury recently, or do you have an illness/injury now? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had a medical problem, illness or injury since your last exam? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any chronic or recurrent illness? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any illness lasting more than a week? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been hospitalized overnight? |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any surgery other than tonsillectomy? |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any injuries requiring treatment by a physician? |
| h. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have ANY allergies (medicines, bees, foods, or other factors)? |
| 4 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had chest pain, dizziness, fainting, passing out during or after exercise? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Do you tire more easily or quickly than your friends during exercise? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any problem with your blood pressure or your heart? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have any close relatives had heart problems, heart attack or sudden death before they were age 50? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any skin problems (acne, itching, rashes, etc.)? |
| 6 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had fainting, convulsions, seizures or severe dizziness? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have frequent severe headaches? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a "stinger" or "burner" or "pinched nerve"? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been "knocked out" or "passed out"? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a neck or head injury? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had asthma, or trouble breathing, or cough during or after exercise? |
| 9 a. | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear eyeglasses, contact lenses or protective eye wear? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any problem with your eyes or vision? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear any dental appliance such as braces, bridge, plate, retainer? |
| 11 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a knee injury? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an ankle injury? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever injured any other joint (shoulder, wrist, fingers, etc.)? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a broken bone (fracture)? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a cast, splint, or had to use crutches? |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Must you use special equipment for competition (pads, braces, neck roll, etc.)? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Has it been more than 5 years since your last tetanus booster shot? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Are you worried about your weight? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES: Have you any menstrual problems? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Have you any medical concerns about participating in your sport? |

***** ATHLETE SHOULD NOT WRITE BELOW THIS LINE *****

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

PLEASE SIGN IN INK/NO PENCIL

revised 05/12

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ISSAQUAH SCHOOL DISTRICT CO-CURRICULAR



STUDENT NAME: _____

EXPIRATION DATE:
(SCHOOL USE ONLY)

PHYSICAL EXAMINATION

Age: _____ Weight: _____ Pulse: _____ Blood Pressure: _____

Height: _____ Visual Acuity: Left 20/_____
Right 20/_____

Normal

Abnormal

- | | | | | |
|--------------------------|-----|------------------------------|--------------------------|-------|
| <input type="checkbox"/> | 1. | Head | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 2. | Eyes (pupils), ENT | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 3. | Teeth | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 4. | Chest | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 5. | Lungs | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 6. | Heart | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 7. | Abdomen | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 8. | Genitalia | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 9. | Neurologic | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 10. | Skin | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 11. | Physical Maturity | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 12. | Spine, Back | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 13. | Shoulders, Upper extremities | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 14. | Lower extremities | <input type="checkbox"/> | _____ |

PLEASE NOTE: THIS EXAMINATION IS FOR A PERIOD OF 12 MONTHS.

Assessment: Full participation at the middle school level (grades 6-8).
 Limited participation (describe limitations, restrictions):

} To be eligible to participate, an examiner must check one of these boxes.

Participation contraindicated (list reasons):

Recommendations (equipment, taping, rehabilitation, etc.):

EXAMINER'S SIGNATURE: _____

DATE: _____

PRINT EXAMINER'S NAME: _____ EXAMINER'S PHONE NUMBER: (_____) _____

PLEASE SIGN IN INK/NO PENCIL

revised 05/12

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Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment

Signs observed by teammates, parents and coaches include:
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness



Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

and

“...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

Document created 6/15/2009

PLEASE SIGN IN INK/NO PENCIL