

# High School Sports Registration - INSTRUCTIONS

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All student athletes must complete an eligibility process at the school athletic office **EACH SEASON** for **EACH SPORT** in which they wish to participate.

All forms in the **SPORTS ELIGIBILITY PACKETS** must be properly filled out and filed with the **athletic secretary** before a student can be cleared to participate in a sport.

A **clearance card** will be issued only when all requirements have been met. NO ATHLETE is allowed to participate in practice until the coach has the clearance card.

## **ALL FORMS ACCEPTED BY THE SCHOOL MUST BE ORIGINALS** **NO FAXES or COPIES WILL BE ACCEPTED**

### **Academic eligibility**

Initial academic eligibility is based upon the grades and GPA from the previous semester (previous quarter for winter sports).

The athletic secretary will check grades and GPA.

### **Sports Physicals**

Sport physicals **MUST** be current for the entire season. Students will not be cleared to turn out with a physical that expires during the regular season or playoffs. The ISD requires an annual physical. Incoming freshman must receive a physical upon entering high school. This needs to be dated on or after June 1<sup>st</sup> to be eligible for their upcoming school year. **NO PHOTOCOPY OR FAX. ONLY SIGNED ORIGINAL WILL BE ACCEPTED.**

### **Athletic handbook**

All student athletes are **expected to know and abide** by the information contained in the Issaquah School District **Student Athletic Handbook**. This handbook is available online: <http://www.issaquah.wednet.edu/documents/sports/Handbook.pdf> or you can request a hardcopy, available in the athletic secretary's office.

### **ASB cards**

All students turning out for a sport/**activity** must purchase an ASB card.  
IHS, LHS, SHS =\$55

### **Sports fees**

All athletes are required to pay a \$120 sports fee, per sports season.

No student will pay more than \$240 per school year in sports fees (athletes participating in *three* sports in a school year only pay *two* sport fees).

### **School fees and fines**

All school fees and fines **MUST** be paid prior to an athlete being cleared to play a sport.

### **Sports fee refunds**

**Sports fees will be fully refunded under the following conditions, and if the request for refund is made prior to the end of that sports season:**

Student is cut from the squad by the coach

Student quits due to illness or injury prior to 1st contest

Student quits due to family moving prior to 1st contest

Name: \_\_\_\_\_  
(PRINT) LAST, FIRST

Grade: 9 10 11 12 Sport: \_\_\_\_\_  
(CIRCLE GRADE)

### ATHLETIC / ACTIVITY PACKET - CHECK LIST

#### FIRST SPORT OF THE SCHOOL YEAR:

- Form 1 – Eligibility Check off Form (this page)
- Form 2 – Athletic Participation
- Form 3 – Parent Approval-Part I
- Form 4 – Parent Approval-Part II
- Form 5 – Physical / Wellness Check
- Form 6 – Student Athletic Handbook
- Form 7 – Emergency Authorization
- Form 8 – Concussion Awareness
  
- Inherent Risk form (sport specific)
- ASB Card - \$55.00
- Sports Fee - \$120.00
- All fines paid prior to being cleared

#### SECOND or THIRD SPORT OF THE SCHOOL YEAR:

- Form 1 – Eligibility Check off Form (this page)
- Form 2 – Athletic Participation
- Form 3 – Parent Approval-Part I
- Form 4 – Parent Approval-Part II
- Form 5 – Physical / Wellness Check  
(Required only if the physical on file expires prior to the end of the season they are turning out for- this includes all playoffs)
- Form 6 – Student Athletic Handbook
- Form 7 – Emergency Authorization
- Form 8 – Concussion Awareness
  
- Inherent Risk form (sport specific)
- Sport Fee - \$120.00 (waived after \$240.00 per school year/ per student)
- All fines paid prior to being cleared

**MAKE CHECKS PAYABLE TO THE HIGH SCHOOL**

#### **FOR OFFICIAL USE ONLY (BELOW)**

|   |   |
|---|---|
| <p>_____ FORM 2 – COVER / ELIGIBILITY<br/>Sec. Initial</p> <p>_____ FORM 3 – PARENT APPROVAL PT I<br/>Sec. Initial</p> <p>_____ FORM 4 – PARENT APPROVAL PT II<br/>Sec. Initial</p> <p>_____ FORM 5 – PHYSICAL/WELLNESS FORM<br/>Sec. Initial<br/>Date of physical: _____</p> <p>_____ FORM 6 – HANDBOOK FORM<br/>Sec. Initial</p> <p>_____ FORM 7 – EMERGENCY AUTHORIZATION<br/>Sec. Initial</p> <p>_____ FORM 8 – CONCUSSION AWARENESS<br/>Sec. Initial</p> <p>_____ INHERENT RISK FORM (sport specific)<br/>Sec. Initial</p> <p>_____ ASB Card \$55.00<br/>Book Keeper Initial</p> | <p>Receipt Number: _____</p> <p>_____ \$120.00 Sport Fee (maximum of \$240.00 per year).<br/>Book Keeper Initial</p> <p>Receipt Number: _____</p> <p>_____ Fees / Fines Cleared<br/>Book Keeper Initial</p> <p>Refund Date: _____ Check # _____</p> <p>_____ Passed all classes last semester (winter sports season refers to 1<sup>st</sup> quarter grades).<br/><i>Grades will be checked by Athletic Secretary or Athletic Director</i></p> <p><b>Notes:</b> _____<br/>_____<br/>_____</p> |
|---|---|



# ISSAQUAH SCHOOL DISTRICT HIGH SCHOOL ATHLETIC / ACTIVITY PARTICIPATION

ISSAQUAH - LIBERTY - SKYLINE

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Legal Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student's Physical Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Grade 9 10 11 12 Age \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female

Emergency Contact \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

## PARTICIPATION CHECKLIST

| FALL SPORTS                                 | WINTER SPORTS                                | SPRING SPORTS                               | ACTIVITIES                           |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Cross Country      | <input type="checkbox"/> Basketball (Mens)   | <input type="checkbox"/> Baseball           | <input type="checkbox"/> Cheer staff |
| <input type="checkbox"/> Football           | <input type="checkbox"/> Basketball (Womens) | <input type="checkbox"/> Fastpitch Softball | <input type="checkbox"/> Dance Team  |
| <input type="checkbox"/> Golf (Mens)        | <input type="checkbox"/> Gymnastics          | <input type="checkbox"/> Golf (Womens)      | <input type="checkbox"/> Drill Team  |
| <input type="checkbox"/> Soccer (Womens)    | <input type="checkbox"/> Wrestling           | <input type="checkbox"/> Soccer (Mens)      | <input type="checkbox"/> NJROTC      |
| <input type="checkbox"/> Swim/Dive (Womens) | <input type="checkbox"/> Swim/Dive (Mens)    | <input type="checkbox"/> Tennis (Womens)    | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tennis (Mens)      |  | <input type="checkbox"/> Track & Field      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Volleyball         |  |   | <input type="checkbox"/> Other _____ |

## ELIGIBILITY QUESTIONS

- YES NO**
1. Are you currently enrolled at ISSAQUAH HS LIBERTY HS SKYLINE HS
2. Are you currently receiving a *HOME-BASED* education?
3. Do you reside within the attendance area of the school you indicated you are enrolled in (above)?
4. Do you reside with your Parent(s) or Legal Guardian (s), and at their Legal Address, as recorded in the address listed above?
5. Are you a new student to the Issaquah School District?  
If yes, where & when did you last attend \_\_\_\_\_ **PLEASE BRING YOUR LAST REPORT CARD**
6. Are you a foreign exchange student? If yes, what program \_\_\_\_\_  
**\*\*\*\* A full time student, as defined by WIAA, is a student enrolled in a minimum of 5 of 6 classes (7 of 8 classes at Liberty HS) \*\*\*\***  
**(seniors on track to graduate may have one less)**
7. Did you attend school full time last semester?
8. Are you currently enrolled as a full time student?
9. Did you pass and earn credit in all of your classes in the previous term?
10. Have you repeated any grade(s) or withdrawn from school since 7<sup>th</sup> grade? If yes, when \_\_\_\_\_

**FALSE INFORMATION MAY RESULT IN LOSS OF ATHLETIC ELIGIBILITY AND FORFEITURE OF TEAM GAMES**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
**(PARENT / LEGAL GUARDIAN)**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
**(STUDENT - ATHLETE)**

# PARENT APPROVAL FOR PARTICIPATION – Part I

## ACADEMIC STANDARDS FOR ELIGIBILITY

The Issaquah School District requires that student-athletes pass and earn credit in **all** classes with a 2.0 grade point average (GPA) in order to be eligible. (Students are required to be enrolled **in a minimum of five classes at IHS, SHS, and seven at LHS.**)

**a. Initial eligibility** at the start of any season is determined by the most current official grading period (quarter or semester). A student-athlete must have a 2.0 GPA and have no failing grades. If a student has earned credit in a regular, accredited summer school program that is accepted by the Issaquah School District it will be considered in determining eligibility. All "Pass" grades will be given a 2.0 value in determining a student's GPA.

- If a student-athlete has a failing grade at the initial check and has a GPA of 2.0 or above, s/he will be placed on academic probation for a **minimum** of two weeks of competition.

- If a student-athlete fails to meet the 2.0 GPA requirement, s/he will be placed on academic probation for a **minimum** of three weeks of competition.

During this time, the student-athlete will be allowed to continue to attend and participate in practices but will not be allowed to participate in competition or jamborees.

-Any student who fails to meet ISD requirements **and** WIAA requirements will be placed on 5 weeks of probation. (see *WIAA handbook*)

**b. Ongoing** academic eligibility is determined by standard grade checks occurring every 4-1/2 weeks. If a student athlete is failing any class or falls below the 2.0 GPA requirement, s/he will be placed on academic probation for two weeks. If grades are still deficient after two weeks, the student will be placed on probation for another two weeks. If a student completes a third probation without rectifying the situation s/he is ineligible for the rest of the season.

## RECOGNITION

Some schools may wish to publicly recognize student-athletes who have earned GPA's of distinction for their academics on team rosters and at school events. GPA's of distinction may include "distinguished" (3.00-3.499) and "scholar" (3.5 and above), based upon the student-athlete's GPA. If you do not wish to have your student publicly identified as qualifying for this recognition, please initial below in the space provided. \_\_\_\_\_

## ATTENDANCE REQUIREMENT

Students are required to attend all classes each day in order to participate in after school practices or competitions. If a student misses a class, they cannot participate. Students with school related absences (field trips, etc.) will be cleared. Students with dental, orthodontist, medical, or court / legal appointments will be cleared, a note from the physician or court / legal office is produced. Notes from parents indicating their son/daughter was at court / legal appointment, doctor, dentist, or orthodontist will not be accepted.

## PHYSICAL LIMITATION

Does your son/daughter have any physical limitations or problems that should be known by the coach or advisor? **NO**  **YES**

If Yes, please explain: \_\_\_\_\_

## ACCIDENT INSURANCE – PARENT RESPONSIBILITY

Name: \_\_\_\_\_  
(PRINT - Legal Parent / Guardian)

**I understand that athletic accident insurance is no longer a requirement for participation in the Issaquah School District's athletic program. 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 further understand that it is strongly recommended that my son/daughter be covered by medical insurance while participating in school-sponsored activities.**

\_\_\_\_\_ **YES**, I have adequate coverage (Medical): \_\_\_\_\_ Policy No. \_\_\_\_\_  
(Medical Insurance Company)

(Dental): \_\_\_\_\_ Policy No. \_\_\_\_\_  
(Dental Insurance Company)

\_\_\_\_\_ **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.

\_\_\_\_\_ **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)

**I HEREBY GIVE CONSENT FOR MY SON/DAUGHTER TO PARTICIPATE IN INTERSCHOLASTIC ACTIVITIES DIRECTED BY THE ISSAQUAH SCHOOL DISTRICT.**

**I UNDERSTAND AND ACCEPT THE ABOVE STATEMENTS, THE WIAA REGULATIONS AND ACCEPT THE FULL RESPONSIBILITY FOR MY SON/DAUGHTER'S PARTICIPATION IN THE ISSAQUAH SCHOOL DISTRICT INTERSCHOLASTIC ACTIVITY PROGRAM**

DATE \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_  
(PARENT / LEGAL GUARDIAN)

DATE \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_  
(STUDENT - ATHLETE)

2010 – 2011

revised 5/10

FORM #3

NO PHOTO COPY OR FAX ACCEPTED – ONLY SIGNED ORIGINAL

## PARENT APPROVAL FOR PARTICIPATION – Part II

### WIAA REGULATED ACTIVITIES

Participation in the school district interscholastic activity program is completely voluntary. Involvement does, however, require a commitment on your part with respect to academic standing, citizenship, and obligations to yourself and teammates. Therefore, to inculcate good sportsmanship, respect for rules and authority, to establish leadership, team pride, teamwork, team and individual discipline, as well as eliminate disruptive influences on and off the playing field, disturbances in the locker room, and on trips, the following rules have been established. Failure to observe these training rules will result in disciplinary action in accordance with due process.

### EXPECTATION OF STUDENT IN ATHLETIC / ACTIVITY PROGRAM

1. **Training Rule:** Students are expected to observe the following training rules during the season in which they are participating:
  - a. Abstain from the use, possession or selling of alcoholic beverages, tobacco products, drugs and narcotics.
  - b. Any other squad expectation(s) as outlined by the coach/advisor.
2. **Citizenship:** Students are expected to demonstrate exemplary conduct on and off the campus, adhere to school and community laws and expectations, and show respect for others and their property. Students **NOT** in good standing with respect to the regular school program will **NOT** be permitted to participate in activities.

**Note:** Students involved in criminal offenses may be suspended or dismissed from the team. Such acts may include, but are not limited to, arson, assault, bomb threats, burglary, possession or use of explosives or dangerous weapons, extortion and larceny. Information leading to the suspension of a student from an activity shall be based on factual knowledge, not hearsay.
3. **Other Expectations:**
  - a. Establish regular rest patterns and good dietary habit(s) during the sports season.
  - b. Refrain from the use of profane or obscene language or acts or vulgarity.
  - c. Demonstrate courtesy, fairness and respect for athletics.
4. **Equipment:** Issued equipment belongs to the associated student body. Loss of issued equipment is the student's financial obligation. Until this obligation is fulfilled, the student athlete will not be allowed further competition or receive awards.
5. **Awards:** A student must be in good standing at the completion of the season to receive an award. Letter expectations can be received from the head coach.
6. **Travel:** All participants **MUST** travel to and from athletic contests with the team if transportation is provided for this purpose. Any deviation from this practice **MUST** be cleared through the head coach **ahead of time**.
7. **Eligibility:**
  - a. Age Limit: The student shall be under 20 years of age on September 1<sup>st</sup> of the fall sports season, on December 1<sup>st</sup> of the winter sports season, and on March 1<sup>st</sup> of the spring sports season.
  - b. The student must be passing ALL classes the previous semester and current semester with a 2.0 or higher GPA.
  - c. The student must be enrolled as a full time student: **5 classes at all schools except Liberty, where students must be enrolled in 7 classes.** (seniors on track to graduate may have a different requirement of one less class)
  - d. The parents/guardians must be bona fide residents of the Issaquah School District.
  - e. The student must have been in attendance in an accredited school the previous semester
  - f. The student must meet WIAA physical examination requirements.
  - g. The student must have complied with all WIAA, district and building requirements
  - h. The student must have maintained amateur standing.
  - i. The student must purchase an ASB card and pay the district sports fee.
8. **Due Process:** A student dismissed from a squad may request a hearing before the school principal, or his/her designee and the athletic director; such hearings shall be held within five (5) days of the request. District procedures will be followed if additional hearings are necessary.

I UNDERSTAND AND ACCEPT THE ABOVE STATEMENTS, THE WIAA REGULATIONS AND ACCEPT THE FULL RESPONSIBILITY FOR MY SON/DAUGHTER'S PARTICIPATION IN THE ISSAQUAH SCHOOL DISTRICT INTERSCHOLASTIC ACTIVITY PROGRAM

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(PARENT / LEGAL GUARDIAN)

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(STUDENT - ATHLETE)

# PRE-PARTICIPATION HISTORY

**Student's Name:** \_\_\_\_\_ **Grd:** \_\_\_\_\_ **Date:** \_\_\_\_\_

YES NO

- |                          |                          |      |   |
|--------------------------|--------------------------|------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. a | Have you had any illness/injury recently, or do you have an illness /injury now?              |
| <input type="checkbox"/> | <input type="checkbox"/> | b    | Have you had a medical problem, illness or injury since your last exam?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | c    | Do you have any chronic or recurrent illnesses?   |
| <input type="checkbox"/> | <input type="checkbox"/> | d    | Have you ever had any illness lasting more than a week?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | e    | Have you ever been hospitalized overnight?  |
| <input type="checkbox"/> | <input type="checkbox"/> | f    | Have you had any surgery other than a tonsillectomy?  |
| <input type="checkbox"/> | <input type="checkbox"/> | g    | Have you had any injuries requiring treatment by a physician?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | h    | Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)?     |
| <input type="checkbox"/> | <input type="checkbox"/> | 2    | Are you presently taking any medication (including birth control, vitamin, aspirin, etc.)?    |
| <input type="checkbox"/> | <input type="checkbox"/> | 3    | Do you have any allergies (medicines, bees, food, or other factors)?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 a  | Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?      |
| <input type="checkbox"/> | <input type="checkbox"/> | b    | Do you tire more easily or quickly than your friends during exercise?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | c    | Have you ever had any problem with you blood pressure or your heart?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | d    | Have any relative(s) had heart problems, hear attack or sudden death before they were 50?     |
| <input type="checkbox"/> | <input type="checkbox"/> | 5    | Do you have any skin problems (acne, itching, rashes, etc.)?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 a  | Have you ever had fainting, convulsions, seizures or sever dizziness?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | b    | Do you have frequent severe headaches?  |
| <input type="checkbox"/> | <input type="checkbox"/> | c    | Have you ever had a "stinger" or "burner" or "pinched nerve"?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | d    | Have you ever been knocked out or passed out?   |
| <input type="checkbox"/> | <input type="checkbox"/> | e    | Have you ever had a neck or head injury?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7    | Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat related problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8    | Have you had asthma, or trouble breathing, or coughing during or after exercise?              |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 a  | Do you wear eyeglasses, contact lenses or protective eye wear?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | b    | Have you ever had any problems with your eyes or vision?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 10   | Do you wear any dental appliances such as braces, bridge, plate, retainer, etc.?              |
| <input type="checkbox"/> | <input type="checkbox"/> | 11a  | Have you ever had a knee injury?  |
| <input type="checkbox"/> | <input type="checkbox"/> | b    | Have you ever had an ankle injury?  |
| <input type="checkbox"/> | <input type="checkbox"/> | c    | Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | d    | Have you ever broken a bone or had a fracture?  |
| <input type="checkbox"/> | <input type="checkbox"/> | e    | Have you ever had a cast, splint, or had to use crutches?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | f    | Are you required to use special equipment for competition (pads, braces, neck roll, etc.)?    |
| <input type="checkbox"/> | <input type="checkbox"/> | 12   | Has it been 5 or more years since your last tetanus shot? If so, when: _____                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13   | Do you have any worries or concerns regarding your weight? _____                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 14   | FEMALES: Have you had any menstrual problems?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15   | Have you had any medical concerns about participating in your sport?                          |

**Physician's Stamp**

**Thank you**

## PHYSICAL / WELLNESS EXAMINATION (TO BE FILLED OUT BY PHYSICIAN)

\*\*\* EXAMINER, write all comments to questions marked "yes" on the back of this page. Reference question number, Thank you\*\*\*

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Blood Pressure** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pulse** \_\_\_\_\_ **Visual acuity: Left 20/**\_\_\_\_\_ **Right 20/**\_\_\_\_\_ **Wrestling Weight (min Wt.)**\_\_\_\_\_

**Normal**

- |                          |                       |
|--------------------------|-----------------------|
| <input type="checkbox"/> | 1. Head               |
| <input type="checkbox"/> | 2. Eyes (pupils), ENT |
| <input type="checkbox"/> | 3. Teeth              |
| <input type="checkbox"/> | 4. Chest              |

**Normal**

- |                          |              |
|--------------------------|--------------|
| <input type="checkbox"/> | 5. Lungs     |
| <input type="checkbox"/> | 6. Heart     |
| <input type="checkbox"/> | 7. Abdomen   |
| <input type="checkbox"/> | 8. Genitalia |

**Normal**

- |                          |                       |
|--------------------------|-----------------------|
| <input type="checkbox"/> | 9. Neurological       |
| <input type="checkbox"/> | 10. Skin              |
| <input type="checkbox"/> | 11. Physical Maturity |
| <input type="checkbox"/> | 12. Spine, Back       |

**Normal**

- |                          |                         |
|--------------------------|-------------------------|
| <input type="checkbox"/> | 13. Shoulders, Upp Ext. |
| <input type="checkbox"/> | 14. Lower Extremities   |
| <input type="checkbox"/> | 15. Other _____         |
| <input type="checkbox"/> | 16. Other _____         |

Areas not checked as 'normal' above need to be identified and explanations given: \_\_\_\_\_

**Overall Assessment:**  **Full Participation**  **Limited Participation (explain)** \_\_\_\_\_

**Recommendations: (equipment, taping, rehabilitation)** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Examiner's Signature** \_\_\_\_\_ **Phone**(\_\_\_\_) \_\_\_\_\_

**Print Name of Examiner** \_\_\_\_\_

I hereby provide the District with a complete Pre-participation History and Physical Examination Form for my son/daughter.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **(PARENT / LEGAL GUARDIAN)**

# Athlete/Parent Sign-off Sheet – Form #6

The Issaquah School District demands a very high standard of acceptable student athlete behavior. **By participating in the interscholastic athletic, cheer, dance and/or drill programs, your son/daughter will be subject to the Athletic Code of Conduct during the school year, including in-season, out of season, and between seasons. The school year is defined as beginning with fall tryouts to the last day of school and will include any school-sponsored summer activities.** Please take the time to read and understand these sections, especially the consequences for being academically ineligible and the consequences for the use, transmission, possession of, and proximity to, alcoholic beverages, drugs, chemical substances, and/or tobacco.

You should also be aware that coaches are responsible for determining which athletes are to play in a contest; it is an interscholastic program and there is no guarantee that an athlete will play in a particular contest. Parents who have complaints about a coach or program are to follow Issaquah School District procedures outlined in School District Policy 4220 (Complaints Concerning Staff or Programs).

We hope you and your student have an enjoyable and rewarding experience in Issaquah School District athletics, cheer, dance and drill.

Paula Phelps, Principal  
Issaquah High School

Mike Deletis, Principal  
Liberty High School

Lisa Hechtman, Principal  
Skyline High School

**I have read the 2010-2011 Student Athletic Handbook and am aware of the expectations of being a student-athlete, cheer, dance or drill member representing the Issaquah School District during my high school career.**

Student's Full Name: \_\_\_\_\_  
(Please print)

School: \_\_\_\_\_ Sport: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**(DETACH AND RETURN TO THE SCHOOL'S ATHLETIC OFFICE)**

# HIGH SCHOOL ATHLETIC / ACTIVITY MEDICAL EMERGENCY AUTHORIZATION FORM

Student \_\_\_\_\_,  
(Print) LAST FIRST

Grade: 9 10 11 12 Season: FALL – WINTER – SPRING SPORT \_\_\_\_\_

## CONTACT INFORMATION

Home Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Phone: (\_\_\_\_) \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Phone: (\_\_\_\_) \_\_\_\_\_ Father's Name: \_\_\_\_\_

Other's Phone: (\_\_\_\_) \_\_\_\_\_ Name & Relationship: \_\_\_\_\_

## STUDENT INFORMATION

Birth date: \_\_\_\_\_

Hospital or facility where I prefer my son/daughter  
taken in the case of an emergency:

Allergies: \_\_\_\_\_

\_\_\_\_\_  
(Name & Location of facility)

Chronic Illness: \_\_\_\_\_

Regular Medication(s): \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Date of last Tetanus Imm.: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

## MEDICAL COVERAGE / INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Policy / Consumer No. \_\_\_\_\_

## MEDICAL AUTHORIZATION / CONSENT

I, \_\_\_\_\_ authorize all medical, surgical, diagnostic, and  
(print legal parent/guardian name – LAST, FIRST)

hospital procedures as may be performed or prescribed by a treating physician for

\_\_\_\_\_ if I cannot be reached in the case of an emergency.

(print son/daughter's name – LAST, FIRST)

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(LEGAL PARENT / GUARDIAN)

Address: \_\_\_\_\_ City/ST: \_\_\_\_\_ Zip: \_\_\_\_\_

NOTE: This form needs to be completed each season and turned in with eligibility materials. It will then be given to your son/daughter/s coach so they can refer to the information provided in the event of an emergency.



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.

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

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



## 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/>

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Student-athlete Name Printed

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Student-athlete Signature

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Date

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Parent or Legal Guardian Printed

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Parent or Legal Guardian Signature

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Date

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport  
Document created 6/15/2009