

High School Sports Registration - INSTRUCTIONS

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 1st 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 =\$50 / PCFC \$45.00

Sports fees

All athletes are required to pay a \$85 sports fee.

No student will pay more than \$170 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:

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

Athletes who are cut from a team are responsible for requesting a refund *within the current sports season.*

Name: _____ Grade: **9 10 11 12** Sport: _____
 (PRINT) LAST, FIRST (CIRCLE GRADE)

ATHLETIC / ACTIVITY PACKET - CHECK LIST

A COMPLETE ELIGIBILITY PACKET IS REQUIRED FOR EACH SPORT EACH YEAR

- Form 1 – Eligibility Instructions (this page)
- Form 2 – Athletic Participation
- Form 3 – Parent Approval I
- Form 4 – Parent Approval II
- Form 5 – Physical / Wellness Check Form
 (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
- Form 7 – Emergency Card
- Form 8 – Concussion Awareness Form
 (New form: Included in this packet)
- Form 9 – Inherent Risk Form (New form:
 Download the specific *Inherent Risk* form for your sport(s) from the District website, www.issaquah.wednet.edu)
- Sport Fee - \$85.00 (waived after \$170.00 per school year/ per student)
- All fines paid prior to being cleared

MAKE CHECKS PAYABLE TO THE HIGH SCHOOL (PCFC STUDENTS MAKE CHECKS OUT TO PCFC) THANK YOU!

<p>_____ Sec. initial FORM 2 – PARTICIPATION/ELIGIBILITY</p> <p>_____ Sec. initial FORM 3 – PARENT APPROVAL PT I</p> <p>_____ Sec. initial FORM 4 – PARENT APPROVAL PT II</p> <p>_____ Sec. initial FORM 5 – PHYSICAL/WELLNESS FORM Date of physical: _____</p> <p>_____ Sec. initial FORM 6 – HANDBOOK FORM</p> <p>_____ Sec. initial FORM 7 – EMERGENCY CARD</p> <p>_____ Sec. initial FORM 8 – CONCUSSION AWARENESS</p> <p>_____ Sec. initial FORM 9 – INHERENT RISK</p> <p>_____ Passed all classes last semester (winter sports season refers to 1st quarter grades). <i>Grades will be checked by the Athletic Secretary or the Athletic Director.</i></p> <p align="center">PCFC – ISSA / PCFC – SKY CIRCLE ONE – FRESHMAN CAMPUS USE</p>	<p>_____ Bookkeeper initial ASB Card \$50.00 (PCFC = \$45.00)</p> <p>Receipt number: _____</p> <p>_____ Bookkeeper initial \$85.00 Sport fee (maximum of \$170.00/year)</p> <p>Receipt number: _____</p> <p>_____ Bookkeeper initial Fees / Fines cleared</p> <p>Refund Date: _____ Check # _____</p> <p>Notes: _____ _____ _____</p>
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ISSAQUAH SCHOOL DISTRICT HIGH SCHOOL ATHLETIC / ACTIVITY PARTICIPATION

ISSAQUAH - LIBERTY - PCFC - ISS - PCFC - SKY - 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	
<input type="checkbox"/>	<input type="checkbox"/>	1. Are you currently enrolled at <input type="checkbox"/> ISSAQUAH HS <input type="checkbox"/> LIBERTY HS <input type="checkbox"/> SKYLINE HS <input type="checkbox"/> PCFC - ISS <input type="checkbox"/> PCFC - SKY
<input type="checkbox"/>	<input type="checkbox"/>	2. Are you currently receiving a <i>HOME-BASED</i> education?
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you reside within the attendance area of the school you indicated you are enrolled in (above)?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you reside with your Parent(s) or Legal Guardian (s), and at their Legal Address, as recorded in the address listed above?
<input type="checkbox"/>	<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	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 different requirement)		
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you attend school full time last semester?
<input type="checkbox"/>	<input type="checkbox"/>	8. Are you currently enrolled as a full time student?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you pass and earn credit in all of your classes in the previous term?
<input type="checkbox"/>	<input type="checkbox"/>	10. Have you repeated any grade(s) or withdrawn from school since 7 th 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 PCFC 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.

LIABILITY & RISK MANAGEMENT

Participation in a sport that involves the movement of the human body carries with it the possibility of injury that could lead to death or permanent disability. Though this is extremely rare in middle/high school athletics, the possibility always exists. I am aware there is a risk of serious injury involved in participation in athletics in the Issaquah School District.

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.

_____ **Parent / Guardian Initials**

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

(Dental): _____ Policy No. _____
(Dental Insurance Company)

_____ **NO**, I do not have adequate insurance coverage and wish to enroll my son/daughter in the insurance program offered through the Issaquah School District.

If the cost of school insurance is less than your deductible or any co-payments you may have, you might want to consider the option of purchasing the insurance offered through the Issaquah School District as a supplement to your present insurance.

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)

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 1st of the fall sports season, on December 1st of the winter sports season, and on March 1st 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:** _____

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

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? |

Parent/Guardian Initials

Physician's Stamp

Thank you

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

PHYSICAL / WELLNESS EXAMINATION

Height _____ **Weight** _____ **Blood Pressure** _____ **Age** _____ **Birth date** ____/____/____

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

- | | | | |
|------------------------------------------------|---------------------------------------|------------------------------------------------|--------------------------------------------------|
| <u>Normal</u> | <u>Normal</u> | <u>Normal</u> | <u>Normal</u> |
| <input type="checkbox"/> 1. Head | <input type="checkbox"/> 5. Lungs | <input type="checkbox"/> 9. Neurological | <input type="checkbox"/> 13. Shoulders, Upp Ext. |
| <input type="checkbox"/> 2. Eyes (pupils), ENT | <input type="checkbox"/> 6. Heart | <input type="checkbox"/> 10. Skin | <input type="checkbox"/> 14. Lower Extremities |
| <input type="checkbox"/> 3. Teeth | <input type="checkbox"/> 7. Abdomen | <input type="checkbox"/> 11. Physical Maturity | <input type="checkbox"/> 15. Other _____ |
| <input type="checkbox"/> 4. Chest | <input type="checkbox"/> 8. Genitalia | <input type="checkbox"/> 12. Spine, Back | <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 _____

Athlete/Parent Sign-off Sheet

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 3012 (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 Mike Deletis, Principal Lisa Hechtman, Principal Dana Bailey, Principal
Issaquah High School Liberty High School Skyline High School Pacific Cascade F.C.

I have read the 2009-2010 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.

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:

- 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

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

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



Concussion Information Sheet

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 athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for 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 its 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

2009 – 2010

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