Welcome to Kittitas Athletics. As a team member you will be faced with many responsibilities to help make our program the best in the Valley. This packet has been designed to help make the paper work easier so you can turn out as soon as possible. The following must be completed to receive RED CARD clearance:

1. Parental Consent for Medical Attention & Insurance Coverage-Must have policy #
2. Concussion Release Form
3. Cardiac Arrest Awareness Form
4. Parent and Coach Expectations
5. Athletic Code
6. Physical Form
7. ASB Card Purchased

All athletes must be a member of the Associated Student Body- ASB cards MUST be purchased prior to the first day of practice.

Please check off interested sports:

**Fall**
- [ ] MS Football
- [ ] MS Volleyball
- [ ] HS Football
- [ ] HS Volleyball
- [ ] Fall Cheer

**Winter**
- [ ] MS Boys Basketball
- [ ] MS Girls Basketball
- [ ] MS Wrestling
- [ ] HS Boys Basketball
- [ ] HS Girls Basketball
- [ ] HS Wrestling
- [ ] Winter Cheer

**Spring**
- [ ] MS Baseball
- [ ] MS Fastpitch
- [ ] MS Track
- [ ] HS Baseball
- [ ] HS Fastpitch
- [ ] HS Track
- [ ] HS Golf
KITTITAS SECONDARY SCHOOL
PARENTAL CONSENT FOR MEDICAL ATTENTION & INSURANCE COVERAGE

Student’s Name: ____________________________ Grade: ________________

Address: _______________________________________________________

Father’s Name: ________________________________ Home Phone: __________

Place of Business: ____________________________ Work Phone: __________

Mother’s Name: ________________________________ Home Phone: __________

Place of Business: ____________________________ Work Phone: __________

Emergency Contact: _____________________________ Relation: ______________

Work Phone: _____________________________ Home Phone: __________

As a parent or legal guardian of the above-named student, I hereby authorize the coach to other responsible school official to obtain emergency medical care for my child should such become necessary and authorized people noted cannot be reached. (A reasonable effort will be made to contact one of the above.)

Name of physician preferred: ____________________________ Office Phone: __________

I hereby give my consent for my son/daughter to participate in interscholastic athletics at Kittitas Secondary School. While I expect school authorities to exert every reasonable precaution to avoid injury, I understand that they assume no obligation for any accident that may occur. I accept full responsibility for the cost of treatment for any injury, which he/she may suffer while taking part in the program.

Parent or Guardian Signature: ____________________________ Date: ______________

I understand that my son/daughter cannot participate in after-school athletics unless covered by the School Accident Plan or one with the following minimum provisions:

1. A maximum payment for any one injury of at least $25,000.00
2. Coverage equivalent to the Washington State Industrial Insurance Fee.
3. Schedule for doctor’s services or hospitalization with a 30-day minimum for the latter.
4. X-rays to a maximum of at least $25.00
5. Dental coverage equivalent to the Washington State Industrial Insurance Fee Schedule to at least $100.00 per tooth.

PLEASE CHECK ONE OF THE FOLLOWING:

______ I will purchase the School Accident Coverage Plan
______ I have insurance coverage equivalent to or better than the above requirements of the Kittitas School District and will continue to keep it in force throughout the sport’s season, therefore, I do not wish to enroll my son/daughter in the School Accident Coverage Plan.

Name of company providing coverage is: ____________________________

Policy Number is: ____________________________ (WE MUST HAVE THE POLICY #)
What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with 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 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 of Legal Guardian Signature ___________________ Date ___________

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document revised 11/27/2013
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 you 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:

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td>Amnesia</td>
</tr>
<tr>
<td>“Pressure in head”</td>
<td>“Don’t feel right”</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>Fatigue is low energy</td>
</tr>
<tr>
<td>Neck pain</td>
<td>Sadness</td>
</tr>
<tr>
<td>Balance problems or dizziness</td>
<td>Nervousness or anxiety</td>
</tr>
<tr>
<td>Blurred, double or fuzzy vision</td>
<td>Irritability</td>
</tr>
<tr>
<td>Sensitivity to light or noise</td>
<td>More emotional</td>
</tr>
<tr>
<td>Feeling sluggish or slowed down</td>
<td>Confusion</td>
</tr>
<tr>
<td>Feeling foggy or groggy</td>
<td>Concentration or memory problems</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>(forgetting game plays)</td>
</tr>
<tr>
<td>Change in sleep patters</td>
<td>Repeating the same question/comment</td>
</tr>
</tbody>
</table>

### 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
- Show 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

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

Document revised 11/27/2013
KITITAS SCHOOL DISTRICT

Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

The Kittitas School District believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet contained both in the Student Athletic Handbook and on the District website. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in Kittitas School District athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLET.

Student Name (Printed) ___________________________ Student Name (Signed) ___________________________ Date __________

Parent Name (Printed) ___________________________ Parent Name (Signed) ___________________________ Date __________
What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S., afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports.

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!

UW Medicine Center For Sports Cardiology
www.uwmed.org

WIAA Est. 1905

WIAA

Washington Interscholastic Activities Association

WIAA

AED

Be Prepared! Every Second Counts!

WIAA

Nick Of Time Foundation SCA Awareness Youth Heart Screening CPR/AED In Schools

www.nickoftimedefibrillators.org
Kittitas School District
Athletic Department
Parent and Coach Expectations

Expectations for parents/guardians:
1. Support your student-athlete's efforts to achieve success.
2. Work to promote a positive environment that is conducive to the development of your student-athlete.
3. Treat all coaching personnel with courtesy and respect.
4. Assure that your student-athlete will attend all scheduled practices and athletic contests.
5. Promote and model mature and sportsmanlike behavior at all athletic contests. Enjoy watching a moment in your child's life that cannot be recaptured.

Expectations for coaches:
1. Promote the health and safety of student athletes at all times.
2. Be a model for appropriate language, sportsmanship, and behavior at all times.
3. Establish time demands that acknowledge the primary importance of each student-athlete's academic and family responsibilities.
4. Promote among athletes and coaches a solid sense of team membership.
5. Assist, whenever appropriate, with post high school planning for individual student athletes as it relates to athletics.
6. Be available to meet with parents at times that are mutually convenient and in alignment with parent/coach guidelines.
7. Adhere to WIAA and Kittitas School District policies.

Parent/Coach Communication Plan

Communication a parent/guardian should expect from a coach:
1. The expectations the coach has for your child as well as the players on the team.
2. Locations and times of all practices and games.
3. Team requirements.
4. Discipline that may result in the denial of your child's participation.

Appropriate concerns to discuss with coaches:
1. Situations involving your child.
2. Ways to help your child improve.
3. Your child's attitude, work ethic, and eligibility.
4. Concerns about your child's behavior
Issues that are not appropriate to discuss with coaches or AD:
1. Playing time of any student-athlete
2. Team strategy, practice organization, or play calling.
3. Other student-athletes

Procedures to follow if there is a concern to discuss with a coach:
1. Your child should speak to the coach about an issue, before you intervene. This will help our student-athletes grow into young adults.
2. Contact the coach to set up an appointment. If the coach can not be reached, contact the athletic director. The athletic director will assist you in arranging a meeting.
3. If a meeting with the coach did not provide a satisfactory resolution, call to schedule an appointment with the athletic director to discuss the situation. The athletic director will only intervene if the issue has already been discussed with the coach.

Please do not confront a coach before or after a game or practice. Meetings during these times normally do not assist in creating a resolution to the situation.

Please do not use email to discuss an issue with a coach.

________________________________________________________________________

Parent Signature                                                   Date
KITTITAS SECONDARY ATHLETIC CODE

The opportunity to participate in the interscholastic athletic program is a privilege granted to all students of the district. Participants in this voluntary program are expected to conform to specific conduct standards established by the principals and athletic coaches.

A student who is found by a certificated staff member of the student's school to be in violation of any rules is subject to removal from the team. Provision is made for a student who has allegedly violated one or more of the conduct rules to appeal a disciplinary action as specified in this code.

The following rules shall be applicable for a sports season:

Use and/or Possession of Alcoholic Beverages, Tobacco
An athlete who is found to be in possession of alcohol or tobacco products may be removed from the athletic team for three weeks (first offense). If the student violates the rule twice during the sports season, he/she will be dropped from the team for the season.

Use and/or Possession of Illegal Chemical Substances or Opiates
An athlete who is found to be in possession of one or more of the above (including marijuana/cannabis) will be removed from the team for the balance of the sports season.

Physical Appearance
An athlete shall maintain the dress and grooming standards of the team. First offense: verbal warning. Repeated offenses: removal from the activity for five (5) school days.

Unsportsmanlike Conduct
An athlete shall exhibit appropriate conduct in practices and/or contests.

Attendance at School
If an athlete receives an unexcused absence for any portion of the day, the athlete shall be ineligible to participate in practice or competition on that day.

Absence from Practice
An athlete is expected to be in attendance at all team practices unless excused for illness or by prior approval.

Violation of Law on School Grounds
When a student is found guilty of an offense committed while on school grounds or at a school activity, the corrective action will depend upon the nature of the violation.

Repeated Offenses
If a student repeatedly violates one of the above rules, he/she may be removed from the team for the remainder of the sports season.

________________________________________  __________________________________________
Athlete Signature  Parent Signature
PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

Name: ___________________________ Birth Date: ___________________________ Exam Date: ___________________________
Address: ___________________________ City: ___________________________ Zip: ___________________________
Phone: ___________________________ Sport(s): ___________________________

HISTORY

Yes ☐ No ☐ Have you had any illness/injury recently, or do you have an illness/injury now?

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

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

113
PHYSICAL EXAMINATION

Age:_________  Pulse:_________

Height:_________  Blood Pressure:_________

Weight:_________  Visual Acuity:  Left 20/_______  Right 20/_______

Optional

Urinalysis:

Body Fat %

HCT:

EST VO2 Max:

Audiometry:

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Head</td>
<td></td>
</tr>
<tr>
<td>2. Eyes (pupils), ENT</td>
<td></td>
</tr>
<tr>
<td>3. Teeth</td>
<td></td>
</tr>
<tr>
<td>4. Chest</td>
<td></td>
</tr>
<tr>
<td>5. Lungs</td>
<td></td>
</tr>
<tr>
<td>6. Heart</td>
<td></td>
</tr>
<tr>
<td>7. Abdomen</td>
<td></td>
</tr>
<tr>
<td>8. Genitalia</td>
<td></td>
</tr>
<tr>
<td>9. Neurologic</td>
<td></td>
</tr>
<tr>
<td>10. Skin</td>
<td></td>
</tr>
<tr>
<td>11. Physical Maturity</td>
<td></td>
</tr>
<tr>
<td>12. Spine, Back</td>
<td></td>
</tr>
<tr>
<td>13. Shoulders, Upper extremities</td>
<td></td>
</tr>
<tr>
<td>14. Lower extremities</td>
<td></td>
</tr>
</tbody>
</table>

Assessment:  
- [ ] Full participation
- [ ] Limited participation (describe limitations, restrictions):
- [ ] Participation contraindicated (list reasons):

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

________________________________________

DATE:________________________  EXAMINER’S SIGNATURE:________________________

EXAMINER’S PHONE:(  )________________________  PRINT EXAMINER’S NAME:________________________