

Shoreline School District
STUDENT ATHLETIC EMERGENCY INFORMATION

SPORT _____
 Boys Girls

Student Name (please print) _____ Grade _____

Student's Primary Address _____ Phone (____) _____

Guardian 1 Name _____ Work Phone (____) _____ Cell (____) _____

Guardian 2 Name _____ Work Phone (____) _____ Cell (____) _____

Parent email address: _____

Person to call in event parent/guardian cannot be reached

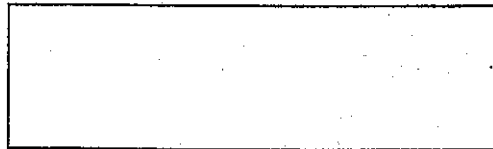
Name _____ Phone (____) _____

Physician _____ Phone (____) _____

Medical history information/medications _____

Student/Athlete has a life threatening condition ie: asthma/severe allergy etc

• In case of an emergency when authorized people noted above cannot be reached, school personnel have my/our permission to take whatever action is reasonable and appropriate under the circumstances for the welfare of my/our child
Parent/guardian signature(s) _____ Date _____



This card MUST be stamped

OFFICE USE ONLY
Signed by the Athletic Director
before your coach can accept it

Physical expires on: _____

Shorewood High School
ATHLETIC PARTICIPATION PERMISSION FORM

SPORT _____ Grade _____

Boys Girls

All forms must be returned to Wendi Lynagh (Business Office) before a student can participate. In order to insure eligibility for the first day of turnout, forms must be returned in advance of the first practice.

New forms are required for each new sport or sport season.

Student Name (Please print) _____ E-mail _____

Address _____ City _____ Zip _____ Phone (____) _____

Person(s) with whom student resides _____
If living with guardian, by WIAA rule, proof of court ordered/appointed guardianship must be presented.

School currently attending _____ Month & year enrolled _____

Month/Year

School attended last year _____

STUDENT ATHLETIC CONTRACT AGREEMENT

Please answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information. False information may result in the participant being declared ineligible for interscholastic competition.

- Yes No I have read the *Student Athletic Contract* and the *Student Academic Athletic Eligibility Guidelines* pertaining to the responsibility of a member of a Shoreline School District athletic program and understand the responsibility to the team as well as to the school.
- Yes No Does the above student reside within the boundaries of the Shoreline School District?
- Yes No Does the above student reside with his/her parent?
- Yes No Is Shorewood the only high school this student has ever attended?
- Yes No Was the above student enrolled in **5 or more classes the previous and current semesters?** (New WIAA rule)
- Yes No Did the above student pass all classes last semester?
- Yes No Is this student a: *Running Start* *Home School* or *Alternative School* student?
- Yes No Did the above student repeat the 7th or 8th grade?
- Yes No Did the above student repeat any grade during 9th - 12th grade?

HEALTH INSURANCE ACCIDENT PLAN COVERAGE

A student cannot participate in interscholastic athletics unless he/she is covered by the School Accident Coverage Plan or an equivalent plan provided by the family.

- Yes No The above student is enrolled in an insurance plan equivalent to or better than the Washington State Industrial Insurance Fee Schedule for doctors' services or hospitalization and will continue to keep it in force throughout the sports season; therefore, I do not wish to enroll my student in the School Accident Coverage Plan.

NAME OF COMPANY PROVIDING COVERAGE _____

- Yes No The above student has purchased **School Accident Coverage Plan Insurance.**

Students cannot participate in interscholastic athletics until the following have been turned in to the Business Office:

- Shoreline School District Secondary Student Health Report form signed by a medical authority licensed to perform a physical examination, which provides clearance for athletic participation in secondary school for up to 24 months.
- Student Athletic Emergency Information form signed by parent/guardian.
- Head Injury/Concussion Information Form
- Athletic Participation Permission form completed with Parent/Guardian signature **AND** student signature.

In addition to the above requirements, the following fees must be paid after cuts are made and prior to the first competition:

1. Payment of \$100.00 Athletic Participation Fee (per sport)
2. Purchase of a \$40.00 Associated Student Body sticker for student I.D. card.

- *I accept full responsibility for the cost of treatment for any injury that my student may suffer while taking part in the program.*
- *I agree to meet all of these requirements, give my permission for the above student to participate and agree to abide by the Shoreline Student Athletic Contract.*

Parent/guardian signature

Date

Student signature

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

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 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 or Legal Guardian Signature

Date



SHORELINE SCHOOL DISTRICT
Sudden Cardiac Arrest Information Sheet

SSB 5083 has amended RCW 4.24.660 to show awareness of Sudden Cardiac Arrest (SCA). 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 or softball) or by chest contact from another player.

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

CARDIAC 3-MINUTE DRILL

1. RECOGNIZE Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives

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!

Parent Signature: _____ Date: _____

Student Athlete Signature: _____ Date: _____

Shorewood High School

Guidelines for Team and Group Events

The primary purpose for team events is to honor, recognize and include all members of the group, including new members.

GUIDELINES FOR ACCEPTABLE HONORING:

Activities need to have a meaningful, positive purpose.

Activities must create a positive team feeling, bonding and atmosphere.

Activities cannot be disruptive to the school or the educational process.

Activities should be carried out only with the consent of members.

Teams and groups must clean up after activities.

All school rules apply, including Shoreline School District Policy #3308 regarding Harassment, Intimidation and Bullying.

There shall be no hazing activities. Hazing includes, but is not limited to:

Anything that potentially humiliates an individual or members of the group

Anything dangerous or unsafe

Distasteful or vulgar humor, language or behavior

Coercion or peer pressure that may force someone to do something they may not want to do

The coach or a member of the coaching staff must be present and involved in all team-forming events. Any inappropriate team/group event where coaches are not present and involved may subject members of the team/group to school discipline, regardless of the time or location of the event. Any team/group event that is kept secret from coaching or school staff may be regarded as an inappropriate event and participants may be subject to discipline.

I have read the Shorewood Guidelines for Team & Group Events and agree to abide by the policy listed above.

Student's signature

Date

Parent signature

Date

Current Sport _____ SHORELINE SCHOOL DISTRICT

Sport Physical is good from 24 months based on the date of the actual physical exam by the Health care practitioner.

SECONDARY STUDENT HEALTH REPORT

1/14
All sections outlined in bold boxes are to be completed by health care provider

HEALTH HISTORY Completed by Parent/Guardian

Exam Date _____ PHYSICAL EXAMINATION

NAME _____ BIRTHDATE _____ GRADE _____

HEIGHT _____ inches WEIGHT _____ Pounds M _____ F _____ AGE _____ Years

ADDRESS _____ PHONE _____

PULSE _____ BLOOD PRESSURE _____ VISUAL ACUITY: Left 20/ _____ Right 20/ _____

PARENT/GUARDIAN _____ PHYSICIAN _____

HEARING Left _____ Right _____

1. YES NO Any chronic or recurrent illnesses?
2. _____ Any illness lasting more than a week?
3. _____ Any hospitalizations?
4. _____ Any surgery other than tonsillectomy?
5. _____ Any injuries requiring treatment by a physician?
6. _____ Presently taking any medications?
7. _____ Any problems with blood pressure or heart?
8. _____ Any dizziness, fainting, convulsions or frequent headaches?
9. _____ Have you ever "passed out" or been "knocked out"?
10. _____ Wear eyeglasses or contact lenses?
11. _____ Wear any dental appliance such as braces, bridge or plate?
12. _____ Allergic to ANY medication (aspirin, penicillin, etc.)?
13. _____ Any knee or ankle injury and/or surgery? _____
14. _____ Been diagnosed with a concussion? Date? (mth/yr) _____
15. _____ Any history of neck injury?
16. _____ Any other joint sprains or dislocations (shoulder, wrist, finger, etc.)?
17. _____ Any broken bones (fractures)?
18. _____ Any organ missing other than tonsils (appendix, eye, kidney, testicles)?
19. _____ Any heat exhaustion or heat stroke?
20. _____ Any reasons why this applicant should not participate in sports?
21. _____ Any menstrual problems?
22. _____ Do you have to stop while running twice around a 1/4 mile track?
23. _____ Have any family history of "heart problems" under age 50?

PARENTAL PERMISSION I give my permission for the above-named child to participate in the sport(s) approved by the examiner under the auspices of the Shoreline School District and authorize the coach or other responsible official to obtain emergency medical care for my child should such become necessary during participation and I am not immediately available.

DATE _____ PARENT/GUARDIAN _____

EXAMINER'S COMMENTS ON HISTORY ("yes" answers above):

NORMAL	ABNORMAL*	NORMAL	ABNORMAL*
<input type="checkbox"/> 1. Head	<input type="checkbox"/>	<input type="checkbox"/> 9. Neurological	<input type="checkbox"/>
<input type="checkbox"/> 2. Eyes (Pupils), ENT	<input type="checkbox"/>	<input type="checkbox"/> 10. Skin	<input type="checkbox"/>
<input type="checkbox"/> 3. Teeth	<input type="checkbox"/>	<input type="checkbox"/> 11. Physical Maturity	<input type="checkbox"/>
<input type="checkbox"/> 4. Chest	<input type="checkbox"/>	<input type="checkbox"/> 12. Spine, back	<input type="checkbox"/>
<input type="checkbox"/> 5. Lungs	<input type="checkbox"/>	<input type="checkbox"/> 13. Upper Extremities	<input type="checkbox"/>
<input type="checkbox"/> 6. Heart	<input type="checkbox"/>	<input type="checkbox"/> 14. Lower Extremities	<input type="checkbox"/>
<input type="checkbox"/> 7. Abdomen	<input type="checkbox"/>	<input type="checkbox"/> 15. Urinalysis	<input type="checkbox"/>
<input type="checkbox"/> 8. Genitalia	<input type="checkbox"/>		

* Describe findings _____

List any immunizations given at this visit _____

Recommendation:

I certify that I have examined this pupil on the date above and find him/her physically able to compete in supervised interscholastic activities as described below.

No contraindications to FULL participation

Has following limitations but may participate:

Participation contraindicated for following reasons:

Student may participate in **ACTIVITIES NOT CROSSED OUT BELOW** for the next 24 months, which could include middle school & high school competition.

BASEBALL BASKETBALL CROSS COUNTRY DRILL FOOTBALL GOLF WRESTLING GYMNASTICS SOCCER SOFTBALL SWIMMING TENNIS TRACK CHEER VOLLYBALL OTHER _____

Date of Signing: _____ EXAMINER'S SIGNATURE _____

Examiner's Stamp EXAMINER'S NAME _____

TITLE _____

PHONE _____