

North Beach Middle / High School

Athletic Registration Forms

2023-2024

PRINT						(H) (C)
Student Name	Grade	DOB	Age	Gender	Contact Numbers	

Current Address: _____

Your signature indicates that you have been advised of this information and agree to indemnify, hold harmless and defend the North Beach School District, coaches and volunteers for any and all injuries, claims or damages which may arise from participation in activities related to the North Beach Middle/High School teams named below. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Check all sports that you are interested in trying out for:

Fall Sports: Cross Country___ Cheerleading___ Football___ Volleyball___ Powerlifting___

Winter Sports: Basketball___ Wrestling___ Powerlifting___ Cheerleading___ Powerlifting___

Spring Sports: Baseball___ Golf___ Fastpitch___ Track___ Powerlifting___

The following to be completed only if the sport is football, wrestling, fastpitch or baseball. I specially acknowledge that **Football** ☐ **Wrestling** ☐ **Fastpitch** ☐ **Baseball** ☐ is a **Violent Contact Sport** involving even greater risk of injuring than other sports. (place a X in the box that the student athlete will be involved with)

FERPA RELEASE:

☐ Yes ☐ No I give permission for this student-athlete to appear in any publications for the purpose of telling of activities happening in the North Beach School District. I understand that these publications might include school informational or promotional brochures, pictures, newspaper articles and/or newsletters relating to school activities. I further consent to allow physicians or health care providers, including athletic trainers, to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

CONCUSSION INFORMATION ACKNOWLEDGEMENT

My Parent/Guardian and I have reviewed the Concussion Information Sheet. We understand concussions are serious and if we see or experience signs or symptoms of a concussion, we will seek medical attention. Coaches will also be notified.

☐ We have reviewed the Concussion Information Sheet.

SUDDEN CARDIAC ARREST INFORMATION ACKNOWLEDGEMENT

My Parent/Guardian and I have reviewed the Sudden Cardiac Arrest Information Sheet. We understand concussions are serious and if we see or experience signs or symptoms of a concussion, we will seek medical attention. Coaches will also be notified.

☐ We have reviewed the Sudden Cardiac Arrest Information Sheet.

PARENT/STUDENT/COACH COMMUNICATION

My Parent/Guardian and I agree to follow all protocol listed within the document. Parents/Guardians will encourage their athlete to discuss athletic concerns with his/her coach before intervening. They also will schedule appointments with coaches to discuss concerns rather than raise them at practices or games.

☐ We accept the protocol. ☐ We do NOT accept the protocol.

(Failure to accept the conditions of this document will result in immediate ineligibility.)

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PARENT/GUARDIAN SPORTSMANSHIP ACKNOWLEDGEMENT

It is a privilege, not a right, that I am admitted into contests in order to support the spirit of athletics and the endeavors of the players. I am expected to demonstrate respect and class for the players, coaches, fellow fans, and officials by cheering great plays, accepting the calls by the officials, and supporting everyone involved in the contest no matter what team they are on. If I fail to act in a respectful way, I may be asked to leave the contests. I am expected to win with class and lose with dignity just like the athletes.

☐ I accept my role in sportsmanship. ☐ I do NOT accept my role in sportsmanship.

STUDENT-ATHLETE SPORTSMANSHIP ACKNOWLEDGEMENT

I am expected to treat my teammates, opponents, coaches, and officials with the same respect I expect from them. I will act with sportsmanship, play by the rules, play hard, have fun, accept the calls of officials, win with class and lose with dignity. I will represent my school and my team with excellence. I understand that participation in athletics is a privilege, not a right.

☐ I accept my role in sportsmanship. ☐ I do NOT accept my role in sportsmanship.

ATHLETIC CODE ACKNOWLEDGEMENT

My Parent/Guardian and I have read and understand the athletic code. We understand that athletes must be enrolled in at least 8 classes (12 Running Start credits), or 7 classes, if athlete is a senior on track to graduate. **May be absent 1 period EXCUSED in a day to be eligible for practices and games AND athletes must pass all classes. A student missing 10 minutes or more of any class period without prior approval will constitute an absence.** School activities will not be considered an absence. If the student needs to be gone to the dentist, doctor, or for a family emergency, he/she will be required to **pre-arrange the absence** through the attendance office, the Athletic Director or Jodi Brown.

Athletes shall not use or be at events where other students are using drugs, alcohol, or tobacco. We understand that this code shall apply 24 hours a day, during the school year.

☐ We accept the athletic code. ☐ We do NOT accept the athletic code.

I certify that my responses above are valid and accurate and I understand the terms of the athletic handbook.

Student Athlete Signature	Date	Parent /Guardian Signature	Date
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Failure to accept the conditions of the athletic code will result in immediate ineligibility.

MEDICAL INSURANCE: I acknowledge that the North Beach School district requires that participants provide the name of the insurance company and the policy number that covers the student. I understand that my child cannot participate in after school sports unless they are covered by insurance coverage equivalent to or better than the requirements of Washington Interscholastic Activities Association. I will continue to keep this insurance coverage in force throughout the sports season. **If there is a change in coverage/status, it is the parent/guardian's responsibility to notify the school immediately.** I recognize the inherent risks of athletic competition and agree to maintain insurance

Medical expenses not covered by insurance are the responsibility of the family.

CLEARANCE

TO BE COMPLETED BY THE ATHLETIC OFFICE

Parent Permission ☐ Yes ☐ No Physical Exp. Date _____ Physical on File ☐ Yes ☐ No
Emergency Card ☐ Yes ☐ No

Authorized Signature: _____ Date: _____

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LOCATOR AND EMERGENCY FORM

Please Print

Date _____

Student's Name _____ School Attending _____

Birth Date _____ Phone Number _____

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Parent/Guardian Contact Numbers Cell _____ Work _____

Parent/Guardian Contact Numbers Cell _____ Work _____

Alternate Person Contact Numbers Cell _____ Work _____

Medical Information

Insurance Company _____ **Policy Number** _____

Physician of first choice _____ Phone _____

Preferred Hospital _____ Phone _____

Date of last physical _____

Does this student have any of the following health problems? **(Please comment on any YES answers)**

Asthma Yes ☐ No ☐ _____

Diabetes Yes ☐ No ☐ _____

Allergy w/EPI-PEN Yes ☐ No ☐ _____

Seizure Disorder* Yes ☐ No ☐ _____

*Does student require DIASTAT? Yes ☐ No ☐ _____

Physician Order Special Diet Yes ☐ No ☐ _____

Food or other Allergies Yes ☐ No ☐ _____

Chronic Health Condition Yes ☐ No ☐ _____

Sleep problems or other concerns Yes ☐ No ☐ _____

Has the student had a recent surgery, illness or injury? Yes ☐ No ☐ _____

Will the student need prescription or over-the-counter medications while on an overnight

trip? Yes ☐ No ☐ **If YES please have the AUTHORIZED FOR ADMINISTRATION OF MEDICAL AT**

SCHOOL FORM COMPLETED. Turnover and sign the back please.

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LOCATOR AND EMERGENCY FORM

- A. Administration Medication form must be completed (**see attach form**)
- B. Medication must be in the **original** container and correctly labeled with student's name, name of medication, dosage and directions.
- C. **Request forms will be kept by a designated school employee.**
- D. **Send only the amount need for trip.**

IN CASE OF MEDICAL OR SURGICAL EMERGENCY, AFTER VERY REASONABLE EFFORT HAS BEEN MADE TO CONTACT PARENT OR LEGAL GUARDIANS, I HEREBY GIVE MY PERMISSION FOR THE EMERGENGY MEDICAL TREATMENT IS DETERMINED NECESSARY.

Parent/Legal Guardian Signature_____ **Date**_____