

Student-Athletes, Parent(s)/Guardian(s):

Welcome to the interscholastic athletic programs of the Edmonds School District. We look forward to your participation and expect our programs to be positive and healthy for all participants at all levels of play.

Participation in athletics is a privilege. Student-athletes must agree to uphold a high standard of behavior and ethics when participating in our programs. The signature of each student-athlete on our eligibility code indicates agreement to uphold this standard. We take everyone's signature as a serious commitment to be honorable and ethical at all times when representing our schools. Likewise, we take the signature of each parent/guardian as an indication of support and willingness to partner with us in an ongoing effort to hold student-athletes to high standards.

In the event there is a concern during the season, I encourage you to initiate respectful communication with the coach first; it is important that the coach be allowed the opportunity to provide a direct response. If, after doing so, you continue to have a concern, then the next step is to contact your building athletic coordinator. At the conclusion of each season, student-athletes will be asked to complete the ESD End of Season Survey via email. This anonymous survey allows students the opportunity to provide valuable feedback on their experience. Building athletic coordinators and principals will review surveys as a means for assessing things we are doing well and areas of growth in our programs.

Immediate concerns directly related to the health, safety, or welfare of individuals in the program should be reported to the building athletic coordinator and the District Athletics Office right away. You also have the option to report serious concerns via the Safe Schools Tipline at –

Call/Text: 425.551.7393

Email: 1480@alert1.us

Web: <http://1480.alert1.us>

I hope you enjoy your involvement in our interscholastic programs. The opportunity to compete alongside teammates to reach a common goal helps create rewarding experiences, positive memories, and many lifelong lessons. We look forward to working together to create positive, healthy, and safe athletic programs.

Thank you in advance for your involvement, support, and feedback.

Angie McGuire, Director of Athletics
Edmonds School District

ATHLETIC ELIGIBILITY INFORMATION BULLETIN

The Athletic Eligibility Information Bulletin is intended to clarify for athletes and their families the basic rules and regulations governing student-athlete participation in the sports program of the Edmonds School District.

STUDENT RIGHTS

Students participating in the Interscholastic Athletic Program are governed by the rights, protection, and responsibilities as prescribed by the Washington Interscholastic Activities Association, the Edmonds School District and the Western Conference Athletic League.

Students and/or their parent(s)/guardian(s) may make an application for exception to these regulations and may appeal any decisions relative to such requests through their school principal.

STUDENT RESPONSIBILITIES

Participants are required to conform to the rules and regulations of their school, the Edmonds School District, the Western Conference and the WIAA; and to conduct themselves in a safe manner that fosters a sense of belonging.

PRIOR TO BECOMING ELIGIBLE, A STUDENT MUST:

AGE

- High Schoolers under twenty (20) years of age on September 1 for the fall sport season, on December 1 for the winter sport season, and March 1 for the spring sport season. Middle Schoolers under the age of 15 prior to June 1 of the previous school year.

PREVIOUS ENROLLMENT/ATTENDANCE

- Have been in regular school attendance as a full-time student during the semester/trimester immediately preceding the season of competition.
 - A full-time student is a student enrolled in a minimum of five classes with additional classes as needed to equal no less than 2.5 semester credits, 1.66 trimester credits, or equivalent.
 - A student failing to meet this requirement is ineligible to practice or compete until a full semester/trimester has been completed.

CURRENT ACADEMICS

- Register for, attend, and pass a minimum of five classes, with enough additional classes to equal 2.5 semester credits/1.66 trimester credits, or equivalent during the season of competition.
- If taking more than five subjects during the season of competition and the previous semester/trimester, the student may not receive less than a passing grade in more than one class.
- For purposes of determining academic eligibility, the most recent semester, trimester, or school administered progress report shall be the determining grade. At the end of the semester/trimester the final semester/trimester grade will be used.

PHYSICAL EXAMINATION

- Have passed a physical examination from a medical authority licensed to perform a physical examination.
- Submit Edmonds School District Sports Physical Examination form to school's athletics department. The physical examination shall be valid for 24 months, unless otherwise noted by the licensed medical authority performing the examination.

RESIDENCY

Students who do not meet the residence rule shall be eligible at the junior-varsity level of play only (*unless granted a waiver between 8th to 9th grade for a special program i.e., IB, STEM, etc.*). After one year of attendance the student athlete will be eligible to also play at the varsity level.

- The student must reside in the Edmonds School District.
- The student must reside with natural parent(s), parent of legal custody, or court-appointed guardian if that guardian has been acting in such capacity for a period of one year.
- Attend school in their service area of residency
 - Exceptions: students who apply for and receive an in-district transfer to a school outside of their neighborhood service area OR those attending a specialized district program - STEM, IB, please see transfer rule as it applies to eligibility status for students who transfer after starting 9th grade.
- Students living within Edmonds School District boundaries who attend Edmonds Heights, Scriber Lake High School, Edmonds eLearning Academy, or are independently homeschooled are eligible at their neighborhood school based on residence.
- Students residing outside of the Edmonds School District boundaries who attend Edmonds Heights, Scriber Lake High School, Edmonds eLearning Academy, or are independently homeschooled are eligible to participate at the school with the lowest enrollment.
- Students attending K8 schools for 7th and 8th grades are NOT eligible to participate in sports at their home middle schools. K8 students may only participate in the programs offered by their school.

TRANSFERS

Current 9th -12th grade athletes who transfer to another school are eligible at the sub-varsity level only for one calendar year in the sport(s) played at the previous high school or at the club/community level. (This rule does not apply to incoming 9th graders who fall within the WIAA established "window of transfer").

- Students new to a high school are considered transfers and must complete the WIAA New Student Packet to determine their eligibility status.
- Transfers are eligible at the sub-varsity level only (*unless the transfer is a result of a change of residence of the entire family unit*).
- Transfer students deemed ineligible at the varsity level may appeal due to hardship (appeals are submitted to and heard by the Northwest District One Eligibility Board).

SPORTS PARTICIPATION FEES

Sports participation fees, ASB Card purchases and outstanding fines are due from all participants prior to being allowed to participate in a contest. Eligible students must have completed the district's fee waiver process prior to the first contest.

- High School fee: \$200, Middle School fee: \$130, K8 fee: \$80, Special Olympics fee: \$50
- Purchase an ASB Card.
- Pay outstanding fines.

ADDITIONAL

- Turn out for at least the minimum required days before competing in their first contest:
Football HS & MS 12 days (8 days for a jamboree).
MS Wrestling MS 8 Days (8 days for a jamboree).
**All other sports
& HS Wrestling** HS 7 Days (7 days for jamboree), MS 8 Days (7 day for jamboree).
- Complete any other requirements as required by their school or coach.

K-8 INTRAMURALS

K8 students may only participate in the athletic programs offered by their school. K8 students are not eligible to participate in sports at their home middle school of residence.

TO REMAIN ELIGIBLE, A STUDENT MUST:

- Maintain the academic requirements as listed above.
- Provide signed medical clearance following any doctor's visit due to injury and/or serious illness.
- Attend school for the entire day of scheduled classes to turn out, practice or compete in a sport that day.

SEASON LIMITATIONS

After entering or being eligible to enter the seventh-grade students shall have six consecutive years of interscholastic eligibility (WIAA 18.15.0). Application of this rule shall not be determined by years of participation in individual sports or sport.

- If the seventh or eighth grade is repeated, and such repetition is based upon documented academic deficiencies by the school principal, the repeated year shall not count against the student's six interscholastic competitive years. Home school students are required to provide documentation of academic deficiency to be verified by the school principal.

ATHLETIC LIABILITY

Participants and their parents/guardians should be aware that participation in interscholastic athletics may result in accidental injury which, in some cases, may be serious in nature.

NON-SCHOOL SPONSORED PROGRAM

The Edmonds School District is not responsible or liable for non-school sponsored sports programs or programs organized, promoted, or participated in by staff members. The decision to participate in such sport programs is the responsibility of the student and their parent(s)/guardian(s).

INSURANCE

The Edmonds School District requires that student-athletes be covered by an adequate medical insurance plan. Your family insurance plan may cover athletic participation. **Please make certain of this coverage.** Athletic insurance is available for purchase through your school in conjunction with the student accident insurance program and you may secure information from the main or athletic office of any of our middle and senior high schools.

AMATEUR STANDING

A student who represents a school in an interscholastic sport must be an amateur in that sport. An amateur student-athlete is one who engages in athletics for the physical, mental, social and educational benefits. In order to maintain an amateur standing, student-athletes must follow all guidelines of WIAA Handbook 18.24.0, which includes the following language

Students may not:

- Accept merchandise or in-kind gifts of more than \$500 in fair market value per sport based upon performance in that sport during any one calendar year August 1 through July 31.
- Accept cash awards in that sport. A gift card that cannot be exchanged for cash or a voucher with no cash value is allowed.
- Enter competition under a false name.
- Play on an intercollegiate team. A student-athlete may try out and/or participate against an intercollegiate team but may not represent an intercollegiate team in that sport.
- Sign or have ever signed a contract to play professional athletics (whether for money consideration or not); play or have ever played on any professional team in that sport; receive or have ever received, directly or indirectly, a salary or any other form of financial assistance (including scholarships, educational grants-in-aid, or any of their expenses for reporting to or visiting a professional team) from a professional sports organization.
- **Student Participation:** The student-athlete may play as an amateur on any summer team not under the jurisdiction of a professional sports team or franchise.
- **Student as an Instructor, Supervisor, or Official:** Instructing, supervising or officiating in, paid or non-paid, any organized youth sports program, recreation, playground or camp activities will not jeopardize amateur standing.
- **Appeal of Status:** A student who forfeits amateur status may apply to the Executive Director for reinstatement in the interscholastic program after a waiting period of one (1) year.

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:

- 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

*Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document revised 07/2024*

CONCUSSION INFORMATION SHEET CONTINUED

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 "Zackery Lystedt Law" in Washington 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.**

RETURN TO PARTICIPATION PROTOCOL

High School: Athletes diagnosed with a concussion MUST follow a progressive return to participation protocol.

- Athletes diagnosed by an MD, DO, PA, or ARNP, must provide a note from that same medical professional clearing them to return to participation.
- If the athlete is diagnosed by their school's LAT (licensed athletic trainer), the trainer will determine when the athlete is cleared to return to participation.
- In both cases, once cleared to return, the LAT will oversee the gradual return to play protocol before full participation is authorized.

Middle School: Athletes diagnosed with a concussion MUST follow a progressive return to participation protocol.

- Athletes diagnosed with a concussion by a medical professional (MD, DO, PA, ARNP, LAT) must provide a note from the same medical professional clearing them to return to play.
- Once cleared, the school nurse will oversee the gradual return to play protocol before full participation is authorized.

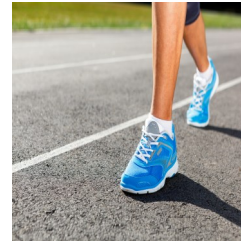
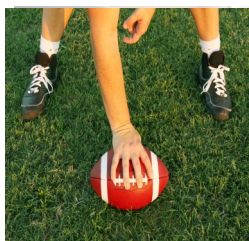


Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



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 (gaspings). 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!



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



**Be Prepared!
Every Second
Counts!**

Edmonds School District Transportation Agreement
Please read and check off on Athletic Eligibility Questionnaire

All High School and Middle School Bus information is included on Arbiter Sports, the scheduling website, for all away-contests.

I understand that when a private vehicle is used for transporting students to and from District-sponsored activities, the private vehicle operator or registered owner is responsible for carrying vehicle insurance with liability limits not less than the minimum required by the State of Washington, maintaining the vehicle in safe working condition, and operating the vehicle within the rules set by the State of Washington.

I understand that when a private vehicle is used to transport students to and from District-sponsored activities, the private vehicle owner's insurance provides primary insurance coverage in case of an accident.

I agree to protect, indemnify, and hold harmless the Edmonds School District, its elected and appointed officials, employees, agents and staff from and for any and all claims or loss directly attributable to the use of private transportation as described herein, except for the sole negligence of the Edmonds School District.

I agree to provide or arrange transportation to in-district contests, to off-campus practice locations, to those contests listed as drop bus and any transportation dates that do not have a bus listed on the on-line schedule. Please note coaches will not arrange forms of transportation other than district provided buses or vans.

Edmonds School District Activities Agreement

Please read and check acceptance on the Athletic Eligibility Questionnaire

This Agreement applies to all extracurricular activities and is in effect for the duration of your high school career.

I recognize that being a participant in student athletics or other extracurricular activities in the Edmonds School District means being a role model for other students and holding myself to a high standard of personal conduct.

In order that I may enjoy the privilege of participation in extracurricular athletics or other activities, I agree to obey and be bound by the rules of the Washington Interscholastic Activities Association, the Edmonds School District, and my school and coaches/advisors.

I understand that the full rules for student extracurricular participation in the Edmonds School District are available to me upon request, or online at: <https://www.edmonds.wednet.edu/our-district/departments/athletics/handbook>

I understand that I may lose my privilege of participation in extracurricular activities for an entire season or longer if I possess, use, or traffic in drugs, alcohol, or tobacco; or place myself in the presence of, or remain in the vicinity of, the use of such substances prohibited by criminal law; or engage in behavior that enables others to illegally use such substances. I realize it is my responsibility to remove myself immediately, beyond all reasonable doubt and proximity, from the situation. I further understand that I may be excluded from participation if I engage in criminal acts or other serious misconduct such as harassment, bullying, hazing, fighting, or cheating.

I understand that all offenses, including first offenses, for violation of these rules may result in exclusion from participation in extracurricular activities, and that exclusion from participation may be avoided or shortened only by self-reporting truthful cooperation and voluntary assessment and treatment.

I agree to abide by all team/activity rules, and to meet and maintain compliance with all pre-participation and academic requirements for eligibility, and I understand that I may be denied participation for failure to meet these standards.



ATHLETIC ELIGIBILITY QUESTIONNAIRE

If this information does not change, you only need to submit this once a year.

Student Name	Student#	Grade	DOB	Age	Gender	Sport(s)

Current Address: _____

1. I attended an Edmonds Public School last year

☐ Yes ☐ No

If FALSE, what school/district did you attend last year? _____
2. I live with my parent(s)/guardian within my school’s attendance area.

☐ Yes ☐ No

If FALSE, where do you live? _____
3. I will **remain enrolled** in at least five (5) HS classes (2.5 credits or 12 Running Start credits) or six (6) MS classes **throughout the season**?

☐ Yes ☐ No
4. I only attend classes at my school (not running start, Home School or Alternative School)

☐ Yes ☐ No
5. Last semester I was enrolled full time (2.5 HS credits) and passed ALL of my classes.

☐ Yes ☐ No
6. I am NOT a foreign exchange student. If you are a foreign exchange student, mark False or No

☐ Yes ☐ No
7. I have not repeated a grade or withdrawn from school since 7th grade. If you have repeated a grade, mark False or No.

☐ Yes ☐ No
8. HS: I will be under the age of 20 on the first day of the season.

☐ Yes ☐ No

MS: I was under the age of 15 prior to June 1 of the previous school year
9. I have NOT sustained a significant injury during a school or non-school activity within the last year. If you have sustained a significant injury, mark False or No.

☐ Yes ☐ No

False information may result in the loss of athletic eligibility and the forfeiture of team games.

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 Edmonds School District. I understand that these publications might include school informational or promotional brochures, pictures, newspaper articles and/or newsletters relating to school activities.

LIMITED HIPAA RELEASE:

☐ Yes ☐ No I hereby give permission for the staff at my child’s school, including its nursing staff, to share relevant medical information with the District’s Athletic Department, including athletic coaches and trainers. I understand that should any questions arise about a past or present medical issue potentially affecting my child’s eligibility for athletics or activities in this District, and I refuse to provide additional medical information if requested, my child may be deemed ineligible to participate in District athletics or activities until such information is provided.

MEDICAL INSURANCE-Check one box. (Medical insurance is mandatory to turn out. Company & policy # required)

- ☐ I have my own insurance with _____ and wish to waive the schools' athletic insurance.
- ☐ I have purchased athletic insurance offered through the school district. (Date purchased: _____)

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

ATHLETIC FEE (\$200/HS, \$130/MS, \$80/K8 payable to Edmonds School District) (Check one box)

- ☐ My user fee will be paid to the Athletic office prior to the first contest.
- ☐ I qualify for free/reduced lunch, or other qualifying programs, and will go through the District’s HB1660 Fees Waiver process. I understand that my consent into a waiver program is required in order to have my qualifying fees waived.
(Fee will be added to student’s account if not paid or other arrangements made.)

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 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. Appointments will be scheduled with coaches to discuss concerns rather than discuss 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.)

PARENT/GUARDIAN SPORTSMANSHIP ACKNOWLEDGEMENT

I understand that the players, coaches and officials involved in athletics work hard to prepare for contests and my support and understanding are expected. 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 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.

(Failure to accept your role in sportsmanship will result in immediate ineligibility.)

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.

(Failure to accept your role in sportsmanship will result in immediate ineligibility.)

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 5 classes (2.5 HS credits or 12 Running Start credits) or 6 middle school classes, attend all periods in a day to be eligible for practices and games AND athletes must pass a minimum of 5 classes. 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, year around.

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

(Failure to accept the conditions of the athletic code will result in immediate ineligibility.)

I certify that my responses above are valid and accurate and I understand the terms of the athletic code. I also pledge to represent my school and team with great sportsmanship behavior.

Student Athlete Signature

Date

Parent/Guardian Signature

Date

CLEARANCE

TO BE COMPLETED BY ATHLETIC OFFICE

Parent Permission ☐ Yes ☐ No Phys. Exp. Date _____ Health History ☐ Yes ☐ No Emergency Card ☐ Yes ☐ No

Safety Guidelines ☐ Yes ☐ No ASB Card ☐ Yes ☐ No User Fee ☐ Yes ☐ No Fines Clear ☐ Yes ☐ No Grades OK ☐ Yes ☐ No

Insurance Purchase Date _____ Other _____



ATHLETIC EMERGENCY INFORMATION

In the event of a medical emergency, medical personnel may need to know the following information. If this information changes during the year, please submit a new form and notify your school's Athletic Secretary, as this is the form coaches carry with them at all times.

Athlete's Name _____ DOB _____ Age _____

Address _____ Grade _____

Parent/Guardian _____ Phone (Hm/Wk/Cell) _____

Parent/Guardian _____ Phone (Hm/Wk/Cell) _____

Emergency Contact #1 _____ Phone (Hm/Wk/Cell) _____

Emergency Contact #2 _____ Phone (Hm/Wk/Cell) _____

Athlete's Physician _____ Phone _____

Insurance Co. _____ Policy Holder's Name _____

Name of Preferred Hospital _____

I understand that in the event of an emergency, medical personnel will provide whatever emergency treatment is necessary after all reasonable effort has been made to contact parent, legal guardian, and family physician.

Parent/Guardian Signature _____ Date _____

Please complete the following. If it does not apply, write N/A:

Did you experience a significant injury during a school or non-school activity within the last year (concussion, surgery, broken bone, etc.)? If yes, explain. _____

Known allergies: _____

Current medications: _____

Important medical history including diabetes, heart disease, epilepsy, etc.: _____

Date of last tetanus shot: _____