

SECTION 6

STUDENT ATHLETE FORMS

All athletes should register for participation via Final Forms. See the link on your schools' Athletics page

FINALFORMS

Shoreline School District

ATHLETIC PARTICIPATION PERMISSION FORM

SPORT _____ Grade _____

Boys Girls

All forms must be returned to the school Business Office before a student can participate. In order to ensure eligibility for the first day of turnout, forms must be returned in advance of the first practice.

Student Name (Please print) _____ E-mail _____

Address _____ Street _____ 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 _____

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/crest 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?**
- 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 signed in Final Forms:

- 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. • Head Injury/Concussion Information Form
- Sudden Cardiac Arrest Awareness 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 HS sport and \$20.00 for MS sport
- 2.Purchase of a \$40.00 Associated Student Body sticker for HS student and \$25 for MS student

- *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

**SHORELINE SCHOOL DISTRICT
MIDDLE SCHOOL STUDENT ATHLETIC CONTRACT**

Interscholar athletics at the middle school level has two goals, participation and excellence. Excellence requires the athlete to maintain high personal standards of health and conduct. It is the opinion of the coaches and team members that only through the observance of such high standards can individual athletes and teams attain a performance reflecting maximum achievement.

Student athletes must maintain all passing grades to participate in sports. The building Athletic Director will check students' grades periodically throughout the season (this is called a 'grade check'). Typically, a grade check is done every two weeks, though there is flexibility regarding the exact dates. If, at any time during an athletic season, a student is failing a class, that student will be declared "at risk" and will have until the next grade check to raise his/her grade to passing. Athletes may practice and participate in competitions during this time. If, at the next grade check, the student is not passing the same class, or another class, a second period of "at risk" status will prevail. During this period, the athlete may practice but not participate in competitions. If a third "at risk" period occurs, the student then becomes ineligible to practice and participate in competitions for the remainder of the season.

To practice and participate in competitions, I must have: an ASB card, signed parent permission, signed code of conduct, a current physical, an emergency card for each season, adequate medical insurance and signed form, signed Risk Management form, and paid athletic fee.

Because I want to be as productive an athlete as I can be, and because only a healthy mind and body will allow me to do so, I agree to the following **health rules**:

1. I will not use, possess, or sell tobacco products of any kind.
2. I will not use, possess or sell alcoholic beverages, illegal drugs (including marijuana) or legend drugs.

As a middle school athlete, I wish to conduct myself in a manner that will bring honor to myself, my team and my school. Because of this, I agree to the following **conduct rules**:

1. I will treat my coach, teammates, officials and opposing team members with honesty, respect and courtesy.
2. I will model appropriate behavior at school by being respectful to others and following school/district rules.
3. I will abide by all school regulations as prescribed in the Shoreline School District's Statement of Rights and Responsibilities.
3. I will make a sincere effort in my classes by being prepared, participating in all classroom activities, and trying my best.
 4. I must attend at least 50% of the school day, as determined by the building athletic director or administrator, in order to be eligible to practice or compete in a contest on that day.
5. I will ride to/from the competition with the team using school transportation unless otherwise pre-arranged with the coach.
6. I will return all school athletic equipment checked out to me at the end of the season, or pay for its replacement.

Should I choose not to meet these goals, I will accept the disciplinary action as set forth in the following statement of procedure.

Violations concerning the use of Alcohol will call for exclusion from the team for the next forty-five (45) calendar days to be carried over to the athlete's next sports season, if necessary. This penalty may be reduced to twenty-five (25) calendar days. See School Board Policy 2151P.

Violations concerning the use of Illegal (including marijuana) or Legend Drugs including Anabolic Steroids will call for an immediate suspension from the team for the remainder of the season. The period of ineligibility will be for a minimum of 45 calendar days to be carried over to the next sports season, if necessary. In order to turn out for another athletic team the individual must meet with the school athletic director or administrator to determine actions for further athletic eligibility.

1. **A first violation of the other health rules** will call for my immediate suspension from the team for at least one week and I will be out of competition for the next week.

2. **A second violation of health rules** will result in my immediate suspension from the team for the remainder of that sport season and I must have the approval of the school's athletic director or administrator to resume participation on any athletic team.

3. **A third violation of health rules** will result in my immediate suspension from all athletic teams for one calendar year from the date of the suspension.

4. These violations and subsequent actions are cumulative during my middle school years. However, should I be suspended for one calendar year, I could still participate the next school year with the approval of the athletic director or administrator, but another violation would bring suspension from all sports activities for the remainder of that new year.

5. **For violations of conduct rules** my coach may invoke penalties against me if my conduct or attitude tends to bring discredit to myself, my team, or my school. This may include removal from the team for the remainder of the season.

6. The assistant principal and counselor may place a student on probationary status if academics or behavior in class are not acceptable. At the end of the probation period if the student has not shown improvement, he/she will not be allowed to continue that sport season.

7. **Any athlete who is suspended** (in or out of school suspension) will not be allowed to turn out or compete those days.

We, the undersigned, have read and understand the Athletic Training and Conduct Code for Middle School athletes and agree to its provisions.

Date: _____ Athlete's Signature: _____

Parent/Guardian Signature: _____

SHORELINE SCHOOL DISTRICT HIGH SCHOOL STUDENT ATHLETIC CONTRACT

I realize that it is a privilege to participate in athletics in the Shoreline School District. Accordingly, I hereby agree to obey the following rules and regulations as set up by the Shoreline School District, the Washington Interscholastic Activities Association, and this school's athletic department. This contract is in effect at all times both in and out of school until the conclusion of my season.

General Rules

1. In order to be eligible to participate in a sport, I realize that:
 - 1.1 I must be passing all subjects at all times and must be enrolled in a minimum of six classes. WIAA rules for seniors on track to graduate may apply.
 - 1.2 Students enrolled in alternative programs including Running Start must meet the requirements as defined by the WIAA.
 - 1.3 Any student who receives an incomplete in a grading period will be declared ineligible for interscholastic competition until the incomplete is cleared. No credit and/or withdraw equals a failing grade.
 - 1.4 My scholarship, citizenship and attendance will be checked regularly by my coach and the building athletic director.
 - 1.5 I must attend 4 of 6 classes on "A" days and 2 of 3 classes on "O" (odd) or "E" (even) days to be eligible to practice or compete in a contest on that day.
 - 1.6 In order to be eligible to practice, I must have a physical exam on file that is valid for 24 consecutive months unless noted to be less than 24 months by a physician, fill out an emergency information card, provide adequate medical insurance, and complete the athletic packet in its entirety-
 - 1.7 In addition to the requirements listed in 1.4, in order to be eligible for competition I must purchase an ASB student body card, pay the athletic participation fee and complete the Risk Management Safety Guidelines form.
2. In all of the athletic contests conducted away from school I will ride to and from the game/match in school transportation when round trip transportation is provided unless otherwise arranged with the coach. I understand that in some cases, school district transportation will not be provided. I will comply with regulations pertaining to school bus transportation.
3. I will be personally responsible for all school equipment checked out to me and will return same in good condition and on time. School uniforms and equipment shall not be used as personal items of clothing unless purchased by me. Equipment I have lost or misplaced will be paid for by me at the end of the season.
4. I understand that all suspensions and other disciplinary actions are cumulative over my athletic middle school career. This is again true over my high school career.

Training and Conduct Code

1. I agree not to use, possess, sell, distribute, or show evidence of having consumed alcohol, marijuana, illegal drugs, prescription drugs other than for their intended medical use, drug paraphernalia, tobacco products, or any item purported to be such at any time during the sports season.
2. I agree to immediately remove myself from any situation where illegal activities are occurring or where other persons are engaging in conduct that violates school or district rules. If the situation is a school-sponsored field trip (whether local, extended, or team travel), I understand that I am encouraged to report the situation immediately and in confidence to school supervisory personnel.
3. I agree to represent my school and the Shoreline School District with honor and respect. It is an expectation that my sportsmanship both as a participant and a spectator will be positive and appropriate. This includes my language, treatment of officials, respect for my school, team, opponent and contest. My behavior and appearance in class, online and at school functions will be appropriate at all times. In addition, I will not participate in any hazing or initiation activities.
4. I agree to abide by all state, federal and local laws. I will inform the school administration if I am convicted of, plead guilty to, or am placed on a probation of any kind as a result of a violation of law other than a non-criminal traffic infraction.
5. I agree to abide by all rules of conduct as may be adopted by the District in Administrative Procedure 3300 and published in the Statement of Responsibilities and Rights of Students handbook. I also agree to abide by any additional school rules that may be published in building-level handbooks. This includes expectations regarding the districts ethic and honesty policy.
6. I agree not to forge any athletic eligibility documents. I am aware that any violation will result in an automatic suspension from practice for 10 days. I will not be eligible for the next scheduled contest whether it be w/in the 10 day suspension time or after that time period. In addition, my parents will be notified of the violation.

Discipline Procedures for Illegal Drugs (including marijuana) and Legend Drugs including Anabolic Steroids Violations (RCW 69.41.0910--69.41.050 and CH.69.50 RCW)

FIRST VIOLATION during the high school career the student athlete shall be immediately ineligible for interscholastic competition in the current interscholastic sports program for the remainder of the season. The period of ineligibility will be for a minimum of 45 calendar days to be carried over to the next sports season, if necessary.

Ineligibility shall continue until the next sports season in which the student athlete wishes to turn out. In order to be eligible to participate in the next sports season, the student athlete shall meet with the school eligibility board, consisting of coaches and administrators selected by the principal to request approval to participate. The school eligibility board will recommend to the principal appropriate action to be taken in the student athlete's case. The school principal shall have final authority as to the student athlete's participation in the interscholastic sports program.

A participant who seeks and receives help for a problem with use of legend drugs (RCW 69.41.010 identified substances) and controlled substance analogs (RCW 69.50.101 identified substances) shall be given the opportunity for assistance through the school and/or community agencies. In no instance shall participation in a school and/or community approved assistance program excuse a student athlete from subsequent compliance with this regulation. However, successful

utilization of such an opportunity or compliance with athletic code by the student athlete may allow him/her to have eligibility re-instated in the athletic program, pending recommendation by the school eligibility authority.

SECOND VIOLATION during the high school career a participant who again violates any provision of RCW 69.41.020 through 69.41.050 or of RCW 69.50 shall be ineligible for interscholastic competition for a period of one (1) calendar year from the date of the second violation.

THIRD VIOLATION during the high school career a student athlete who violates for a third time RCW 69.41.020 through 69.41.050 or of RCW 69.50 shall be permanently ineligible for interscholastic competition.

Discipline Procedures for Use of Alcohol

FIRST OFFENSE during the high school career: Exclusion from the team for the next forty-five (45) calendar days* to be carried over** to the athlete's next sports season, if necessary.

This penalty may be reduced to twenty-five (25) calendar days provided the student waives his/her right to grieve the discipline and completes a state approved assessment and follows the recommendation of the agency (which will be shared with school administration). These recommendations must be followed as a condition for early reinstatement at the end of the twenty-five (25) day period with carryover. During a 25-day suspension an athlete may participate in practices only during the last 7 calendar day period.

SECOND OFFENSE during the high school career: Exclusion from the team for the next forty-five (45) calendar days to be carried over to the athlete's next sports season.

Exclusion includes all contact with the team; no practices, meetings or games. A mandatory state approved assessment and fully completed treatment will be required before any further participation in the athletic program.

THIRD OFFENSE during the high school career: Exclusion from interscholastic competition for one calendar year.

In order to be eligible for any further competition/performance in the extracurricular program the student shall meet with the school principal or principal's designees (which may be an eligibility board consisting of coaches, activity advisors, and administrators selected by the principal) to request approval to participate. The school eligibility board or other designees will recommend to the principal appropriate action to be taken in the student participant's case, and may take into account self-reporting, truthfulness, cooperation, and successful assessment and treatment. The school principal shall be the final school-level authority as to the student's participation in the activity program.

*Calendar day: All days (including Sunday) during the athlete's regular season and post season for team sports.

**Carry over: An athlete's suspension, if not fully completed, will resume on the first day of eligible turn out of that athlete's next regular sports season.

Discipline Procedures for Use of Tobacco/Vaping Products

FIRST OFFENSE during the high school career:

Week 1: No team contact of any kind and a referral to the school Drug and Alcohol Counselor for tobacco education.

Week 2: Practice but no games.

Week 3: Return to full participation if tobacco education referral is complete.

SECOND OFFENSE during the high school career: Exclusion from the team for the next 28 calendar days to be carried over to the athlete's next sports season.

THIRD OFFENSE during the high school career: Exclusion from the team for the next 90 calendar days to be carried over to the athlete's next sports season.

Discipline Procedures for All Other Violations

Exclusion from the team for a defined period of time or for the balance of the season, to be determined by the principal/designee.

Self-Referral

A student participant who seeks and receives assistance for a problem with the use of drugs and/or alcohol prior to a drug or alcohol violation matter shall be given the opportunity with no jeopardy to eligibility for assistance through the school and community agencies. In no instance shall participation in a school and/or community approved assistance program excuse a student from subsequent compliance with this regulation.

Prohibition of Harassment, Intimidation, and Bullying: (Reference: Shoreline School Board Policy 3308)

The Shoreline School District prohibits harassment, intimidation, and bullying/cyberbullying in all areas of district operations. "Harassment, intimidation or bullying/cyberbullying" means any intentionally written message or image, a verbal or physical act, including, but not limited to, one shown to be motivated by any persons distinguishing characteristics in RCW 9A,36,080(3) (including but not limited to: race, color, national origin, sex, sexual orientation, religion, age, disability, etc.), or other distinguishing characteristics. Students involved in harassment, intimidation, and bullying in athletics, are subject to both team discipline and potential removal from the team, as well as school discipline up to and including possible suspension or expulsion.

Grievance

Any student, parent, or guardian, who is aggrieved by the imposition of discipline, including exclusion from participation in extracurricular activities, shall have the right to grieve as per school district policy.

We, the undersigned, have read and understand the Athletic Training and Conduct Code for Middle School athletes and agree to its provisions.

Date: _____ Athlete's Signature: _____

Parent/Guardian Signature: _____

SHORELINE SCHOOL DISTRICT NO. 412

Health, Physical Education & Athletics
MEDICAL RELEASE FORM

Dear Doctor:

The Washington State Interscholastic Activities Association requires that, following an illness or injury which requires medical care, the participant must present to school officials a written permission from the doctor to resume turning out. This form is to be used for this purpose. Thank-you for your time and cooperation.

_____ was under my care for the treatment of
name of student

_____ general type of injury or illness

and may resume turning out on _____ .
date

Special instructions: _____

Physician signature

date

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.

Current Sport _____ SHORELINE SCHOOL DISTRICT
SECONDARY STUDENT HEALTH REPORT
 PLEASE KEEP A COPY FOR YOUR RECORDS

HEALTH HISTORY Completed by Parent/Guardian

NAME _____ BIRTHDATE _____ GRADE _____
 ADDRESS _____ PHONE _____
 PARENT/GUARDIAN _____ PHYSICIAN _____

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):

Sport Physical is good from 24 months based on the **date of the actual physical exam** by the Health care practitioner. 1/14
 All sections outlined in bold boxes are to be completed by health care provider

PHYSICAL EXAMINATION

Exam Date _____

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

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

HEARING: Left ___ Right ___

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:
 Life threatening condition (asthma/severe allergy/requires medication/etc)
 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 VOLLVBALL OTHER _____

Date of Signing: _____ EXAMINER'S SIGNATURE _____
Examiner's Stamp EXAMINER'S NAME _____ TITLE _____
 PHONE _____



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

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 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



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 (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!***

Parent Signature: _____ Date: _____

Student Athlete Signature: _____ Date: _____

COVID DISCLOSURE AND RELEASE
ATHLETIC PARTICIPATION FORM ADDENDUM DURING COVID-19 PANDEMIC

Student Name: _____

School: _____ Grade: _____

Parent/Guardian Name(s): _____

Activity/Sport: _____

COVID-19 NOTICE FROM SHORELINE SCHOOL DISTRICT

The novel coronavirus ("COVID-19") has been classified by the World Health Organization as a global pandemic and has spread across the state of Washington. COVID-19 is a new disease and the state of scientific and medical knowledge regarding COVID-19 is limited and evolving. There remain unknowns regarding how the disease is spread and contracted and there is currently no known treatment, cure, or vaccine for COVID-19. COVID-19 is reported to be highly contagious and spread easily from person to person. **COVID-19 may result in serious illness, debilitating injury, or death.** Older adults and people of any age, including children, who have serious underlying medical conditions might be at higher risk for severe illness or death from COVID-19.

The District has put in place measures in an effort to reduce the spread of COVID-19. However, notwithstanding any such efforts, it is simply not possible to guarantee that COVID-19 is not present nor to prevent you or your child from becoming exposed to, contracting, or spreading COVID-19. By entering District premises, attending school in-person, attending or participating in District activities in-person, and/or attending or participating in **SCHOOL ATHLETICS** you and your child are exposed to the risk of contracting or spreading COVID-19. By participating in certain activities associated with greater rates of disease transmission, you and your child are exposed to a high risk of contracting or spreading COVID-19. Activities that may pose a high risk for COVID-19 include (but are not limited to): group transportation, singing, choir, exercise, athletics, any activity where people are closer than 6 feet apart, any large gathering of people indoors, and this Activity.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, HOLD HARMLESS AGREEMENT

Assumption of Risk for COVID-19: I understand that my child's participation in this Activity is voluntary and is not required. By signing below, I acknowledge that I have carefully read the above; understand the risks of COVID-19 associated with entering District premises or facilities, attending school in-person, participating in District activities in-person, and/or participating in this Activity. I voluntarily assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself. By signing below, I further acknowledge that I understand that the risk of exposure to, contracting, or spreading COVID-19 may result from the acts, omissions, or negligence of myself and others, including but not limited to the District employees, agents, representatives, volunteers; other students, program participants, and their families; and/or other individuals who may be present in school facilities or in attendance at any school activity. I knowingly assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself.

Waiver of Liability/Hold Harmless: By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I voluntarily agree to waive and discharge any and all claims against the District related to or arising out of COVID-19, and voluntarily release the District from liability for any exposure to or illness or injury from COVID-19, including claims for negligent actions of the District or its employees, agents, representatives, and volunteers related to or arising out of COVID-19, on behalf of myself and my child to the fullest extent allowed by law. By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I agree to release, discharge, and hold harmless the District and its employees, agents, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from COVID-19.

I certify that I am the parent and/or legal guardian of the above-named student OR am the above-named student and am 18 years of age or older, that I have read and understand the foregoing, and accept and agree to be bound by the terms and conditions of the above.

Signature of Parent/Legal Guardian

Date