

ANACORTES SCHOOL DISTRICT ATHLETIC REGISTRATION FORM

Student Name: _____ Grade: _____ Birthdate: _____

School Year: _____ School (Circle One): **Anacortes High School** **Anacortes Middle School**

Student Address: _____

Parent/Guardian Address: _____

Phone: Home No. () _____ Work No. () _____

Person(s) with whom student resides if other than parent/guardian: _____

ATHLETIC ELIGIBILITY - Please answer the following questions pertaining to athletic eligibility.

Note: A participant/parent/guardian that provides the school with false information may result in the participant being declared ineligible from interscholastic competition for a period of one year (WIAA 27.3.0).

- ___ Yes ___ No **Age/Enrollment** **High School** - I am under 20 years of age on Sept. 1 (fall), on Dec. 1 (winter) and March 1 (spring) and has not been enrolled in high school for more than 8 semesters.
Middle School - I am under the age of 15 years prior to June 1 of the previous school year.
- ___ Yes ___ No **Residence** I reside within the boundaries of the Anacortes School District. I reside with natural parent(s), parent of legal custody, or court-appointed guardian (any exception to this rule must have prior approval through the school).
- ___ Yes ___ No **Academic** I have passed at least six (6) full credit classes the previous semester with a minimum 2.0 GPA and am presently enrolled in a minimum of seven (7) 0.5 credit classes.
Note: Seniors on track to graduate may take reduced loads.
- ___ Yes ___ No **Attendance** I have been in attendance in school at least 15 weeks of the previous semester.
- ___ Yes ___ No **Athletic Code** I have read and understand the Athletic/Activities Code and the policies and procedures in regard to attendance, academics and code violations.
- ___ Yes ___ No **Fines** I have paid **ALL FINES** for lost book, athletic equipment, etc.
- ___ Yes ___ No **Concussions** I and my parent/guardian have read the **Concussion Information Sheet**.
- ___ Yes ___ No **Physical Exam** I have had a physical exam within *the past 13 months* and it is on file at the school.
Date of most recent physical exam (Monday/Day/Year) ____/____/____
- ___ Yes ___ No **Insurance** I have adequate insurance coverage, or I will purchase school insurance.
- ___ Yes ___ No **Risks** I am aware that participation in interscholastic athletics may result in accidental injury which, in some cases, may be serious in nature. I have read the **Concussion Information Sheet and Inherent Risk Form specific to my child's sport**.
- ___ Yes ___ No **Running Start** I am a Running Start student, and I have completed the Running Start contract with my school administrator.
- ___ Yes ___ No **Home School** I am a Home School student, and I have completed the Home School contract with my school administrator.

School attended last year: _____

From (month/year) ____/____ to ____/____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

ANACORTES SCHOOL DISTRICT #103 – INFORMED CONSENT FORM -#4921-R.F-2A

ATHLETIC/ACTIVITY CODE

I/we realize it is considered a privilege to participate in the athletic/activity programs of Anacortes School District. I hereby agree to obey the following rules and regulations set up by the Anacortes School District and the W.I.A.A.

We, the students and parents, acknowledge that we have received a copy of the Anacortes High School Athletic/Activity Code and agree to abide by the rules and regulations of the Anacortes High School or Middle School Athletic/Activity Code.

We have read and understand the policies and procedures of the Proximity Rule and how it relates to code violations.

I/We authorize local law enforcement to release arrest information relating to delinquent behavior, drug, alcohol consumption for my/our student athlete, upon request to the Anacortes School District.

Parent/Guardian

Signature _____

Student

Signature _____

INSURANCE WAIVER/COVERAGE ****Parent signature required whether you have insurance or not****

I understand that it is required that my son/daughter be covered by Medical Insurance while participating in school sponsored athletics. I am aware that the Anacortes School District offers a School Accident Coverage Plan (Mega-Life and Health Insurance Company).

☐ I have personal coverage equal to or superior to the coverage offered by the school district, I accept full financial responsibility for the cost of any and all medical treatments that my son/daughter may require for any injury incurred while participating in any school extra-curricular activity.

Medical _____ Dental _____

Insurance Member No.: _____ Policy No.: _____ Group No. : _____

☐ I do not have adequate insurance and want to enroll my son/daughter in the School Athletic Insurance Program. I understand that it is my responsibility to obtain the necessary forms from the District Athletic Office.

Parent/Guardian

Signature _____

Date _____

MEDICAL EMERGENCY AUTHORIZATION FORM

Name of Student: _____
(please print)

Parental Permission: I give permission for the above named child to participate in the sports approved by the Examiner under the auspices of the Anacortes 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: _____

Name: _____
(Parent/Guardian Signature)

Parent Home Phone: _____ Business Phone: _____

Cell Phone: _____

Emergency Contact Person

Name: _____ Phone: _____

Relationship of contact person: _____

Family Physician: _____

Family Physician Phone: _____

Allergies/Medications: _____

INHERENT RISK FORM – ALL SPORTS

The school strives to protect each student from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

For all sports, guidelines are as follows:

1. Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
2. Advise the coach if you are ill or have any prolonged symptoms of illness.
3. Advise the coach if you have been injured.
4. Engage in warm-up activities prior to strenuous participation.
5. Be alert for any physical hazards or hazards in the locker room or in or around the participation area. Advise coach of any hazard or concerns.

STUDENT NAME: _____ **has my consent and authorization to participate in any/all of the School District athletic program(s) (check below):**

☐ **BASEBALL/SOFTBALL**

- * Recognize your surroundings; i.e., Batters warming up, thrown bats, batted or thrown balls, on deck circle (one person at a time).
- * Use hard hats while batting, running bases, hitting in batting cages.
- * Familiarize yourself with surroundings and grounds; i.e., fences, field conditions such as holes, lips on infield edges, etc. when playing on away fields.
- * Be aware of the potentially serious injuries to your ankles, knees, and legs if you do not follow the correct procedure in base running. Sliding head first into bases should be avoided.
- * Follow instructions regarding communication between players; i.e., talking and calling each other off on "pop flies" and Texas leaguers, etc.

*I specifically acknowledge that BASEBALL is a **VIOLENT CONTACT SPORT** involving even greater risk of injury than other activities.*

(Parent/Guardian Signature)

(Student Signature)

☐ **BASKETBALL**

- * Recognize the possible danger from such actions as "undercutting" a player, hanging on the basket, throwing a "wild" pass.

☐ **BOWLING**

- * Be aware of the potentially serious injuries to your ankles, knees, and arm muscles if you do not follow the correct procedures.
- * Never leave premises or practice facility without coach's permission.

☐ **CHEER**

- * Practice stunt prior to the event that you will perform in. Stunts can be very dangerous if not spotted correctly.
- * Lead cheers at the appropriate time so you will be aware of ball and players' positioning to prevent possible injury.
- * Be aware of supervisory staff of both teams and where they can be located so they may be contacted in case of an emergency or an undesirable crowd control situation.

☐ **CROSS COUNTRY**

- * Run only on the course prescribed by the coach.
- * Run in pairs in unfamiliar territory or in areas where there are few people.
- * Watch for objects being thrown from passing cars.
- * Approach dogs with caution.
- * Be familiar with basic first aid treatment for heat exhaustion, heat stroke, sprained ankle, or other runner related injuries.
- * Face the oncoming traffic when running on the roads. Be cautious at intersections and be acutely aware of erratic drivers and the location of vehicles at all times.

☐ FOOTBALL

Tackling, Blocking and Running the Ball

* Tackling and blocking techniques are basically the same. Contact is to be made above the belt, but not initially with the helmet. The player should always be in a position of balance, knees bent, back straight, body slightly bent forward, head up and the target area as near to the body as possible with the main contact being made with the shoulder. When properly blocking or tackling an opponent, contact with your helmet will naturally result. Therefore, technique is most important in order to prevent or reduce the likelihood of injury.

* Blocking and tackling by not keeping the helmet as close to the body as possible may result in a shoulder injury and a separation or a pinched nerve in the neck area. Injuries as a result of improper techniques can range from minor to disabling or even death. Improper body alignment can put the spinal column in a vulnerable position for injury. The development of strength in the neck muscles through isometric-type exercises will enable the participant to hold his/her head up even after getting tired during a workout or contest.

Basic Hitting (Contact) Position and Fundamental Technique

* Strained muscle injuries can range from ankle injuries to serious knee injuries requiring surgery. The rules have made blocking below the waist (outside a two-yard by four-yard area next to the football) illegal.

* Cleats are restricted to no more than one-half inch to further help prevent knee injuries. A runner with the ball, however, may be tackled around the legs.

* In tackling, the rules prohibit initial contact with the helmet or grabbing the face mask on the edge of the helmet. Initial contact may result in a bruise; dislocation; broken bone; head injury; or internal injury such as kidneys, spleen, bladder, etc. Grabbing the face mask or helmet edge may result in a neck injury which could result in injuries ranging from a muscle strain to a dislocation, nerve injury, or spinal column damage which could cause paralysis or death.

Equipment

* An athlete is required to wear all issued equipment. If equipment is damaged or does not fit correctly, the athlete must inform his coach immediately before use. Shoulder pads, helmets, hip pads, and pants (including thigh pads and knee pads) must have proper fitting and use.

* A shoulder pad which is too small will leave the shoulder point vulnerable to bruises or separations. A shoulder pad that is too tight in the neck area may result in a possible pinched nerve. A shoulder pad which is too large will leave the neck area poorly protected and will slide on the shoulders making them vulnerable to bruises or separations. Helmets must fit snugly at the contact points; front, back, and top of head. The helmet must be safety "NOCSAE" branded, the chin straps must be fastened, and the cheek pads must be of the proper thickness. A fit which is too loose could result in headaches, a concussion, a face injury such as a broken nose or cheekbone, or a neck injury that is possibly quite serious such as paralysis or even death.

*I specifically acknowledge that FOOTBALL is a **VIOLENT CONTACT SPORT** involving even greater risk of injury than other activities.*

(Parent/Guardian Signature)

(Student Signature)

☐ GOLF

* Before swinging the club, make certain that the area around you is clear of others. Be careful after hitting not to throw the club as you could injure someone.

* Be aware of the danger of standing in front of or on the side of a person who is attempting to hit the ball, as one may be injured by the ball or by the rebounding of the ball from trees, signs, markers, etc.

* Be aware at all times of other players' positions on the course when you are hitting or when they are hitting. You are vulnerable at all times. Do not hit the ball until proper distance is available between golfing groups. If you observe a ball off course, make any nearby group aware of its existence by shouting or other appropriate means.

* Keep hands and grips dry to minimize the danger of clubs being released.

☐ SOCCER

* Use equipment that complies with FIFA and/or WIAA rules, e.g., footwear, shin guards.

* Comply with soccer rules with special attention given to avoiding such violations as: kicking or attempting to kick an opponent, tripping an opponent, jumping at an opponent, charging an opponent from behind, charging violently at an opponent, striking or attempting to strike an opponent, holding an opponent, pushing an opponent, and playing in a manner considered by the referee to be dangerous such as kicking at a shoulder high ball when an opponent is trying to head it.

☐ SWIM & DIVE

* Know the location of rescue equipment in the pool area.

* Never enter the water without the coach (or designated lifeguard) in the pool area.

* Check for clear water before swimming and diving; and when diving off the blocks, make it a shallow dive. Diving will be permitted only by divers who have been taught basic swimming and diving skills and are under the supervision of a coach.

* Do not dive or enter the water head-first, in an area not so designated or in less than 5 feet of water at anytime.

* Do not run while on the pool deck.

☐ **TENNIS**

- * Before swinging a racquet, make certain that the area around you is clear of others. Ensure that your equipment is in proper working and acceptable condition.
- * Familiarize yourself with court surface/obstacles on courts before beginning play.
- * Be conscious of your partner's position on the court in doubles play.

☐ **TRACK & FIELD**

- * Recognize the safety rules for restricted areas, e.g., javelin, discus, shot put, pole vault. These areas must be supervised.
- * Stay on the designated running courses.
- * Check equipment, apparatus, field and pits thoroughly before each use, e.g., debris in jumping pits, placement of standards.

☐ **VOLLEYBALL**

- * Be aware of court surroundings, i.e., obstacles, projections, bleachers, standards, etc.

☐ **WRESTLING**

- * Recognize illegal holds as defined by the rule book.
- * Wear approved, proper-fitting apparel when wrestling with an opponent, either in practice or in a match.
- * Wrestle a safe distance from all walls and other obstructions. All wrestling will be done on the mats provided for wrestling.

*I specifically acknowledge that **WRESTLING is a VIOLENT CONTACT SPORT** involving even greater risk of injury than other activities.*

(Parent/Guardian Signature)

(Student Signature)

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in all of the sports programs. Because of the dangers of the above sports, I recognize the importance of following coaches' instructions regarding techniques, training and other team rules, etc., and to agree to obey such instruction.

I am aware that the above sports are **HIGH-RISK SPORTS** and that practicing or competing in the above sports will be a dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of practicing and competing in the above sports include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risks of practicing or competing in the above sports may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

We agree that neither the school district, nor the staff of the school district, nor the student organization of the school district shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the district. We further agree that neither the district nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Athlete's Signature

Date

Parent's /Guardian's Signature

Date

ANACORTES SCHOOL DISTRICT

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 or 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 lack of coordination
- 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 changes in typical behavior or personality
- Loses consciousness

ANACORTES SCHOOL DISTRICT

Concussion Information Sheet

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 under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-Athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent of Legal Guardian Signature

Date