

Sedro-Woolley High School Athletic Packet

VALID JUNE 14, 2016– JUNE 16, 2017

THE following MUST be on file in the
Athletic Office or purchased before the first practice

ASB CARD - \$40.00

ATHLETIC REGISTRATION FORM

PROOF OF MEDICAL INSURANCE

EMERGENCY MEDICAL FORM

SUDDEN CARDIAC FORM

CURRENT PHYSICAL - Good for 2 years but can not expire during season

The first practice for the 2016-2017
Sport Seasons are:

FALL

F a l l (F o o t b a l l - A u g u s t 17)

Football

(All Others - A u g u s t 22)

Cross Country, Girls' Soccer, Girls' Swimming, Volleyball, Boys' Tennis

WINTER

(N o v e m b e r 14)

Boys' Basketball, Boys' Swimming, Girls' Basketball, Girls' Wrestling, Boys' Wrestling

SPRING

(F e b r u a r y 27)

Baseball, Boys' Golf, Boys' Soccer, Girls' Golf, Girls' Tennis, Fastpitch, Track

To get up to date information on games and cancellations, sign up at
NWCAthletics.com



Sedro-Woolley School District

Concussion Information Sheet

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 6/15/2009. 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:

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	Amnesia
“Don’t feel right”	Fatigue or low energy
Sadness	Nervousness or anxiety
Irritability	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
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 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 provider”.

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

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

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

Sedro-Woolley Athletics/Activities Codes

THIS IS A 365 DAY POLICY—24 HOURS A DAY—ACCUMULATIVE OVER 4 YEARS

1. STUDENTS GOVERNED BY THE ATHLETIC/ACTIVITY CODE

The following students are considered athletes or participants in activities and include, but are not limited to: all interscholastic athletics, student body officers, cheerleaders, dance/drill team, performing drama groups, performing music groups, debate, and those other activity organizations recognized by the ASB and that represent the school in public.

2. ATHLETIC DEPARTMENT REQUIREMENTS

In order to be eligible for the first practice you must have the following items signed, dated, and returned to the athletic office:

1. Valid Physical Form
2. Proof of Medical Insurance or Purchase School Insurance
3. Signed Athletic Registration Form
4. Emergency Medical Form
5. Valid ASB Card
6. Sudden Cardiac Form

3. PERIOD OF COVERAGE

The code applies to all students who participate in any school sponsored athletic/activity program from the 1st day of signature, regardless of whether they are currently active or not. There will be no time during the regular school year designated off-season. This code shall also apply to students involved in the school-sponsored activities during the summer months. The provisions of the code shall govern from the 1st day of fall practice and/or signature of any given school year and will carry over to the next season that he/she turns out.

4. ACADEMIC ELIGIBILITY

All WIAA academic and attendance rules apply to determine eligibility. Additional information can be obtained through the Sedro-Woolley High School Athletic/Activities Department. During the season, all Sedro-Woolley athletes are required to maintain passing grades in all classes. Grade checks are required every four-week grading period. If a student is failing one or more classes at a grade evaluation (progress/quarter/term) he/she will immediately be out of contests for a two-week period. The student will be allowed to appeal one time per semester, excluding a final semester grade. After two weeks, students with one or more failing grades will be rechecked for eligibility by the athletic department. If the student is passing all classes after the two-week athletic department check, he/she can continue to compete in contests. If the student has one or more failing grades after two weeks, he/she will be out of contests for a two-week period of time. All students including incoming 9th grade and transfer students shall enter SWHS under this policy.

5. ATTENDANCE REQUIREMENTS

Students must attend all class periods enrolled in order to participate in that day's practice, game, show, banquet, contest and/or competition unless prior arrangement has been made with administration. Emergency exceptions must receive administrative approval.

6. INDIVIDUAL COACH/ADVISOR EXPECTATIONS

The student shall observe additional expectations stipulated by coach/advisor of each particular program. Participation in extracurricular activities is a privilege, not a right. All participants are expected to focus on academic performance by striving to do their personal best, demonstrate high levels of citizenship by refraining from any form of violence, harassment, hazing or bullying and observe the standards for dress and grooming. Coaches/advisors will notify participants as to the standards they expect.

7. QUITTING/SUSPENSION

An athlete having been suspended from one sport may not turn out for another sport in the same season. This does not apply to being cut. Athletes may transfer from one sport to another within the first two weeks of the season. Transfers after two weeks can only be done with permission from both coaches. Any athlete who quits a sport must conference with and be signed out by the head coach of that sport in order to be eligible for any subsequent activity participation.

8. TRANSPORTATION

Participants must travel to and from contests away from Sedro-Woolley in transportation provided by the school. The only exceptions permitted are: Injury to a participant, which would require alternate transportation, and/or completed and approved transportation permit between participant's parent/guardian, coach/advisor and high school administration.

9. INJURIES

An athlete who has been injured and has had medical treatment cannot participate until a signed release from the doctor is presented to the head coach. The athletic director will keep the release form on file.

10. EQUIPMENT/UNIFORMS

School-owned equipment checked out by a participant in any athletic/activity is his/her responsibility. The loss or misuse of this equipment will be the financial obligation of the participant. Participants will not be allowed to continue competition, receive awards, or continue into succeeding activities until the financial obligation is fulfilled or equipment is returned to its original state.

11. TOBACCO, ALCOHOL and CONTROLLED SUBSTANCES POLICY

When a participant is in the presence of an illegal activity that would constitute a code violation, as mentioned below, they will be subject to the discipline standards in the ATHLETIC/ACTIVITY CODE VIOLATIONS MATRIX. Students need to remove themselves immediately from that situation. Parents will be notified of any investigation done by the school in regards to participants allegedly involved in being in presence of, possession, use, delivery, distribution, selling, offering to sell, being under the influence of, or showing evidence of having used or abused any alcohol, controlled substance not prescribed by a physician for such student, a purported controlled substance, drug paraphernalia, and tobacco products.

The Tobacco, E-Cigarette, Alcohol and Controlled Substance violations will accumulate throughout the student's high school career.

Use or possession of tobacco or tobacco-like products:

W.I.A.A., Sedro-Woolley School District and the Sedro-Woolley Athletic Department do not condone being in presence of, possession, use, delivery, distribution, selling, offering to sell, being under the influence of, or showing evidence of having used or abused any alcohol, controlled substance not prescribed by a physician for such student, a purported controlled substance, drug paraphernalia, and tobacco products. Tobacco and tobacco-like products includes, but is not limited to, cigarettes, cigars, snuff, smoking tobacco, smokeless tobacco, liquid nicotine, nicotine delivering devices, electronic cigarettes, vapor devices, vapor pens, non-prescribed inhalers, chemicals or devices that produce the same flavor or physical effect of nicotine substances, and any other smoking equipment, device, material, or other tobacco innovation.

The individual sport programs or clubs will follow the school policy concerning the use of any of these by any member. Suspended athletes will be allowed and are expected to participate in practices but not events.

12. EXCEPTIONAL MISCONDUCT

All students participating in activities are required to comply with all rules and regulations contained within SWSD Board Policy and Procedure 3240P.

Penalties for EXCEPTIONAL MISCONDUCT

1. Exceptional Misconduct can result in discipline by the coach, advisor, athletic director, school administration, etc.
2. Exceptional Misconduct may also be the basis for school discipline, suspension, or expulsion from curricular subjects a and/or courses pursuant to Board Policy 3240P.

13. ATHLETIC/ACTIVITY CODE VIOLATIONS MATRIX

Tobacco/ E-Cigarette	Athletics	Clubs/Activities
First Offense	7 days out; 1-2 events out; Level 1 tobacco intervention	Suspended from club meetings and activities for 21 calendar days (3 weeks) including activities occurring during vacation days. Level 1 tobacco intervention
Second Offense	14 days out; 2-4 events out; Level 2 tobacco intervention	Suspended from club meetings and activities for 42 calendar days (6 weeks) including activities occurring during vacation days. Level 2 tobacco intervention
Third Offense	Out remainder of year	Suspended from club meetings and activities for 84 calendar days (12 weeks) including activities occurring during vacation days. Level 3 tobacco intervention
Alcohol	Athletics	Clubs/Activities
First Offense	14 days out; 2-4 events out; assessment completed	Suspended from club meetings and activities for 42 calendar days (6 weeks) including activities occurring during vacation days. Complete Drug/Alcohol assessment.
Second Offense	Out remainder of year; assessment completed if wanting to participate in the future.	Suspended from club meetings and activities for 84 calendar days (12 weeks) including activities occurring during vacation days. Complete Drug/Alcohol assessment.
Third Offense	Out remainder of HS career	Suspended from all clubs for remainder of HS Career.
Drugs/Illegal Substances	Athletics	Clubs/Activities
First Offense	Out remainder of season; assessment completed if wanting to participate in the future may appeal for re-instatement as per WIAA; 30 calendar day minimum	Suspended from club meetings and activities for 42 calendar days (6 weeks) including activities occurring during vacation days. Complete Drug/Alcohol assessment.
Second Offense	Suspended for one (1) calendar year; assessment completed if wanting to participate in the future	Suspended from club meetings and activities for 84 calendar days (12 weeks) including activities occurring during vacation days. Complete Drug/Alcohol assessment.
Third Offense	Out remainder of HS career	Suspended from all clubs for remainder of HS Career.

DISCIPLINE/GRIEVANCE PROCEDURE

Procedures for grievances/hearings/appeals will be followed according to guidelines established in Board Policy 3421P. A copy of the procedures will be given to the student and parent/guardian upon request. A participant who is appealing discipline under this code will be allowed to practice, rehearse, and attend meetings, but not compete, perform, or represent Sedro-Woolley High School in any athletic/activity program until due process is completed.

THIS IS A 365 DAY POLICY—24 HOURS A DAY—ACCUMULATIVE OVER 4 YEARS

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!**

UW Medicine
Center For Sports Cardiology
www.uwsportscardiology.org



WASHINGTON INTERSCHOLASTIC
ACTIVITIES ASSOCIATION



SCA Awareness
Youth Heart Screening
CPR/AED in Schools

www.nickoftimefoundation.org

Sedro-Woolley School District Physical Examination

Name _____ Age _____ Grade _____
Height (Inches) _____ Weight _____ Pulse _____ BP _____
Vision: Right _____ Left _____ With glasses/Contacts Yes No

NORMAL

ABNORMAL (describe below)

- | | |
|--|--------------------------|
| <input type="checkbox"/> Eyes (pupils equal) | <input type="checkbox"/> |
| <input type="checkbox"/> Teeth | <input type="checkbox"/> |
| <input type="checkbox"/> Head | <input type="checkbox"/> |
| <input type="checkbox"/> Chest | <input type="checkbox"/> |
| <input type="checkbox"/> Lungs | <input type="checkbox"/> |
| <input type="checkbox"/> Heart | <input type="checkbox"/> |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> |
| <input type="checkbox"/> Neurologic | <input type="checkbox"/> |
| <input type="checkbox"/> Skin | <input type="checkbox"/> |
| <input type="checkbox"/> Physical Maturity | <input type="checkbox"/> |

Recommendation: No contraindication to full participation
 Has following limitations, but may participate:

Participation CONTRAINDICATION for the following reasons:

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

_____ Date _____ Examiner's Signature

Examiner's Name (please print)
ORTHOPEdic EXAMINATION

NORMAL

ABNORMAL (describe below)

-
- | | |
|---|--------------------------|
| <input type="checkbox"/> Shoulders, upper Extremities | <input type="checkbox"/> |
| <input type="checkbox"/> Lower Extremities | <input type="checkbox"/> |

_____ UNRESTRICTED ACTIVITIES _____ NEED FURTHER EVALUATION

_____ LIMITED PARTICIPATION _____

EXAMINER'S SIGNATURE _____

.....

SIGN-OFF SIGNATURE _____ DATE _____

RECOMMENDATION _____ UNRESTRICTED ACTIVITY _____ LIMITED PARTICIPATION

_____ REQUIRES FURTHER EVALUATION

STUDENT PREPARTICIPATION HEALTH HISTORY
(To be completed by parent)

Students Grade in Fall _____

STUDENTS NAME _____ Birth date _____

Address _____

Phone _____ Anticipated Sports _____

HEALTH HISTORY FOR THE STUDENT TO BE COMPLETED BY THE PARENT

- | | | | |
|-----|-----|----|--|
| 1. | YES | NO | Recent illness/injury, or illness/injury now? |
| 2. | YES | NO | Medical problem, illness or injury since last exam? |
| 3. | YES | NO | Chronic or recurrent illness? |
| 4. | YES | NO | Illness lasting more than a week? |
| 5. | YES | NO | Ever been hospitalized overnight? |
| 6. | YES | NO | Surgery other than tonsillectomy? |
| 7. | YES | NO | Any injuries requiring treatment by a doctor? |
| 8. | YES | NO | Organ missing other than tonsils? |
| 9. | YES | NO | Presently taking ANY medications? |
| 10. | YES | NO | ANY allergies? |
| 11. | YES | NO | Chest pains, dizziness, fainting, passing out during exercise? |
| 12. | YES | NO | Tire more easily than friends during exercise? |
| 13. | YES | NO | Problem with blood pressure or heart? |
| 14. | YES | NO | Close relatives have heart problems or sudden death before 50? |
| 15. | YES | NO | Skin problems? |
| 16. | YES | NO | Fainting, convulsions, seizures, or severe dizziness? |
| 17. | YES | NO | Frequent severe headaches? |
| 18. | YES | NO | Ever had a "stinger" or "burner" or "pinched nerve"? |
| 19. | YES | NO | Ever has been "knocked out" or "passed out"? |
| 20. | YES | NO | Ever had a neck or head injury? |
| 21. | YES | NO | Ever had heat exhaustion, heat stroke, or similar heat-related problems? |
| 22. | YES | NO | Asthma, or trouble breathing or cough during or after exercise? |
| 23. | YES | NO | Wear eyeglasses, contact lenses, or protective eye wear? |
| 24. | YES | NO | Problems with eyes or vision? |
| 25. | YES | NO | Wear any dental appliance such as braces or bridge? |
| 26. | YES | NO | Knee or ankle injury? |
| 27. | YES | NO | Injured any other joint? (shoulder, wrist, finger) |
| 28. | YES | NO | Ever had a broken bone? (fracture) |
| 29. | YES | NO | Ever had a cast, splint, or had to use crutches? |
| 30. | YES | NO | Need to use special equipment for competition? (pads, braces, etc) |
| 31. | YES | NO | Has it been more than 5 years since their last tetanus booster shot? |
| 32. | YES | NO | Worried about their weight? |
| 33. | YES | NO | FEMALES: Had any menstrual problems? |
| 34. | YES | NO | Any medical concerns about participating in a sport? |

Comment on all above YES answers (list the number)

Parent Signature _____ Date _____

Student Signature _____ Date _____

Sedro-Woolley High School

Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

The Sedro-Woolley High School believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in “Name of School / School District” athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

SEDRO-WOOLLEY HIGH SCHOOL ATHLETIC REGISTRATION FORM

Student Name _____ Birth date _____ Age _____ 16-17 Grade _____

Home Address _____ Phone _____

Parent/Guardian Address _____ Phone _____

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

Fall Sport _____ Winter Sport _____ Spring Sport _____

ATHLETIC ELIGIBILITY

Please answer the following questions pertaining to athletic eligibility. False information may result in loss of athletic eligibility for a period of one year.

- yes no 1. The student is currently enrolled at least halftime or more at Sedro-Woolley High School?
Please circle if any of the following apply - State Street / Home School / Running Start / Foreign Exchange Student
- yes no 2. The student resides within the Sedro-Woolley School District with parent(s) or legal guardian(s)?
- yes no 3. The student was in attendance in school at least 15 weeks of the previous school semester?
- yes no 4. The student has passed five (5) full-time subjects or earned two (2) college credits last semester?
- yes no 5. The student is under the age of 20 and has not been enrolled more than 4 consecutive years?

School attended Last Year _____ from (month/year) ____/____ to ____/____

INSURANCE

I understand that the Sedro-Woolley School District requires medical insurance for my child and that they provide the option to purchase student insurance from a private carrier.

Check One: WAIVER - I have medical insurance with _____ policy # _____
that covers high school athletics and DO NOT wish to purchase school insurance.

YES - I will purchase school endorsed private carrier insurance. The school insurance is not intended as primary coverage.
School Insurance packets are available in the athletic office. It can take up to 10 days to 2 weeks to process.
Policy # _____

PARENT CONSENT AND ASSUMPTION OF RISK

Participation in interscholastic sports in the Sedro-Woolley School District is a voluntary, extra-curricular activity. Participation in interscholastic sports can result in an injury of some type. The severity of such injury can range from minor cuts, scrapes, muscle strains or broken bones to catastrophic injury, such as complete paralysis or even death. No amount of reasonable supervision or training can completely eliminate the risk of possible injury. Careful consideration should be given to the risks and dangers associated with interscholastic sports before making a decision to participate.

Because of the dangers of participating in interscholastic sports, we recognize the importance of following coaches' instruction regarding playing techniques, training and other team rules, and agree to obey such instructions. We further acknowledge that some sports that involve sometimes-violent person-to-person contact, and therefore the risk of injury in these sports is even greater than other sports.

RIDE PERMIT

I give permission for my child to travel to the athletic/activity contests in transportation arranged by school officials. I understand that my child must travel to and from contests away from Sedro-Woolley High School in transportation provided by the school. Exceptions permitted are: (1) injury to a participant which would require alternate transportation and (2) prior arrangement between participant's parent/guardian and a high school athletic department.

GOLF & SWIM ATHLETIC FACILITY TRANSPORTATION

Sedro-Woolley School District provides transportation to away contests only for swim & golf. However, it does not provide transportation to or from Fidalgo Pool for swim team members, nor to or from Avalon Golf Course for golf team members. I agree to provide safe transportation for my child to and from the Fidalgo Pool/Avalon Golf Course for team practice and home contests. If my child is of legal driving age, I give permission for him/her to drive their own vehicle to off-site practices. All athletes who need to practice at an off-campus facility will follow the same guidelines as swim and golf.

ATHLETIC/ACTIVITIES CODE

We, the student and parent/guardian, acknowledge that we have received a copy of the Sedro-Woolley High School Athletic/Activity Code. We have read and agree to abide by the rules and regulations covered in the Sedro-Woolley High School Athletic/Activity Code which is a 365 day policy, 24 hours a day, accumulative throughout all 4 high school years.

By signing we acknowledge that we have read and understand the Sedro-Woolley Athletic Packet including the Concussion Page, Athletic/Activities Code, Parent Consent and Assumption of Risk, and Transportation Permit, and grant permission for _____ to participate in interscholastic athletics.
Athletic Code is a 365 day policy-24 hours a day. Accumulative over 4 years.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

SEDRO-WOOLLEY HIGH SCHOOL EMERGENCY MEDICAL FORM

Name of Athlete: _____ Grade _____

List any Special Medical Conditions Here: _____

In case of an emergency involving my child, the coach or other appropriate Sedro-Woolley School District official is authorized to take all steps which may be necessary including, without limitation, the following when and if appropriate in the judgment of the official (not necessarily in the order stated when more than one step is taken): (1) call 911 or an equivalent number to summon emergency medical assistance, (2) call me or any other persons listed below, (3) call our physician/clinic listed below, (4) if unable to reach persons identified in (2) and (3) above: (a) call or take my child to a locally available physician or (b) take my child to a local hospital. I hereby authorize any provider of medical assistance listed above including any physician, paramedic, and any hospital to provide such medical treatment and procedures as may in his/her/its judgment be necessary.

As parent/guardian, I authorize a qualified physician to examine the above-named person and in the event of injury, to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, the physician deems necessary to insure proper care of any injury. Every effort will be made to contact parent/guardian to explain the nature of the problem prior to any involved treatment.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Information

Mother/Guardian: _____ Home _____
 Work _____ Cell _____

Father/Guardian: _____ Home _____
 Work _____ Cell _____

Emergency Contact Person

Emergency Contact: _____ Home _____
 Work _____ Cell _____

Physician & Insurance Information

Family Physician: _____ Phone _____

Insurance Company: _____ Policy # _____

Athletic Clearance Form (OFFICE USE ONLY)

<p><u>Fall</u></p> <p>Sport _____ Athletic Office Clearance _____ Date _____</p>
--

<p><u>Winter</u></p> <p>Sport _____ Athletic Office Clearance _____ Date _____</p>
--

<p><u>Spring</u></p> <p>Sport _____ Athletic Office Clearance _____ Date _____</p>
--

<p>Physical Expires: _____ ASB: _____</p>
