



EDMONDS SCHOOL DISTRICT

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425-431-7153 FAX 425-431-7323

Dr. Kenneth Limón
Assistant Superintendent

Jan Beglau
Director of Athletics

Includes Brier, Edmonds, Lynnwood, Mountlake Terrace and Woodway

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

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

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

In the event there is a concern during the season, I encourage you to initiate respectful communication with the coach first. Although these conversations are sometimes difficult, it is important that the coach be allowed the opportunity to provide a direct response. If, after doing so, you continue to have a concern, then the next step is to contact your building athletic coordinator.

Immediate concerns directly related to the health, safety, or welfare of individuals in the program should be reported to the building athletic coordinator and my office right away. You also have the option to report serious concerns by calling the Safe Schools Tipline at 425-431-7010.

In addition to the options stated above, a feedback survey approved by the Edmonds School District Board of Directors can be submitted to the building athletic coordinator at any time during the season. The feedback survey is also available online at: <http://www.edmonds.wednet.edu/forms/athleticsurvey.pdf>.

I hope you enjoy your involvement in our interscholastic programs. This opportunity to test physical/mental skills and one's abilities against others can provide exhilarating experiences, positive memories, and many lifelong lessons. When managed skillfully and appropriately these programs are positive, healthy, and safe. This is what we strive for and what we hope you take away from our programs. Thank you in advance for your involvement, support, and feedback.

Sincerely,

Jan Beglau,
Director of Athletics
Edmonds School District

• OUR MISSION •

To ADVOCATE for all students by PROVIDING a learning environment which EMPOWERS students, staff and the community to MAXIMIZE their personal, creative and academic potential in order to BECOME lifelong learners and responsible world citizens.

AD-IHS
Updated 6/2010

ATHLETIC ELIGIBILITY INFORMATION BULLETIN

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

STUDENT RIGHTS

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

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

STUDENT RESPONSIBILITIES

Participants are required to conform to the rules and regulations of their school, the Edmonds School District, the Western Conference and the WIAA; and to conduct themselves in a safe and sporting manner. Violators are subject to discipline, suspension or expulsion.

PRIOR TO BECOMING ELIGIBLE AT STUDENT MUST:

AGE

- Be under twenty (20) years of age on September 1 for the fall sport season, on December 1 for the winter sport season, and March 1 for the spring sport season.

PRE-PARTICIPATION

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

ACADEMIC

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

RESIDENCY

Reside in the Edmonds School District and the service area of the school of competition. The student must reside with natural parent(s), parent of legal custody, or court-appointed guardian provided that guardian has been acting in such capacity for a period of one year. **Students who do not meet the residence rule shall be eligible at the junior varsity level of play only.** After one year of attendance the student athlete will be eligible to also play at the varsity level.

TRANSFERS

Current 9th -12th grade athletes who transfer to another school must participate at the sub-varsity level for one calendar year in the sport(s) played at the previous high school. This rule does not apply to incoming 9th graders, except those who transferred from their neighborhood school without a corresponding address change.

PHYSICAL EXAMINATION

Have passed a physical examination from a medical authority licensed to perform a physical examination (form attached). The physical examination shall be valid for 24 months.

ADDITIONAL

- Complete and have on file at the school the **Parent Permission Form**, the **Athletics Physical Examination Report** and the **Student Extracurricular Activities Contract**.
- Turn out for at least the minimum required days before competing in their first contest:

Football	12 days (10 days for a jamboree)
Wrestling	12 Days (10 days for a jamboree)
All other sports	10 Days
- Beginning with the fourth (4) consecutive calendar day, excluding Sunday, without practice, the total number of days missed will be subtracted from the number of days previously practiced to determine compliance with pre-contest practice requirements.
- Purchase an ASB Card and pay outstanding fines.
- Complete any other requirements as required by their school or coach.

- Maintain the academic requirements as listed above.
- Present to school officials, a medical release form before resuming participation following an injury or illness serious enough to require medical care.
- Attend school for the entire day of scheduled classes in order to turn out or play in a sport that day.

SEASON LIMITATION

After beginning the seventh grade in school, student shall be allowed to participate in interscholastic contests only during six (6) interscholastic competitive years. He/she shall have only two years of eligibility in the seventh and eighth grades. If the seventh or eighth grade is repeated, the student shall be eligible only during two years. After entering the ninth grade, a student shall have four (4) consecutive years of interscholastic eligibility.

For the purpose of this rule, consecutive shall mean starting on a designated date (entrance into grade nine) and continuing without delay or interruption for four (4) consecutive years. Interscholastic eligibility refers to being eligible for an academic year and not for each individual sport season.

Repeating any grade, nine through twelve, whether a student participates or not, will count toward a student's four (4) consecutive years of high school interscholastic eligibility.

ATHLETIC LIABILITY

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

NON-SCHOOL SPONSORED PROGRAM

The Edmonds School District is not responsible or liable for non-school sponsored sports programs or programs organized, promoted, or participated in by staff members. The decision to participate in such sport programs is the responsibility of the student and his or her parents or guardians.

INSURANCE

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

AMATEUR STANDING

A student who represents a school in an interscholastic sport must be an amateur in that sport. An amateur student athlete is one who engages in athletics for the physical, mental, social and educational benefits derived there from, and to whom athletics is an avocation and not a source of financial reward. In order to maintain an amateur standing in those sports under WIAA jurisdiction, the student athlete may not:

- Accept merchandise or in-kind gifts of more than \$300 in fair market value during any one calendar year September 1 through August 31. Reduced membership fees or reduced user fees from an athletic club, recreation center, golf course, etc., must be included within the \$300 limit.
- Accept cash awards
- Enter competition under a false name
- Accept payment of expense allowances over the actual and necessary expenses for the athletic trip (Note: Entry fees are NOT considered a reimbursable expense.)
- Sign or have ever signed a contract to play professional athletics (whether for money consideration or not); play or have ever played on any professional team in that sport; receive or have ever received, directly or indirectly, a salary or any other form of financial assistance (including scholarships, educational grants-in-aid, or any of his/her expenses for reporting to or visiting a professional team) from a professional sports organization.
- **Student Participation:** The student athlete may play as an amateur on any summer team not under the jurisdiction of a professional sports team or franchise.
- **Student as an Instructor, Supervisor, or Official:** Instructing, supervising or officiating in, paid or non-paid, any organized youth sports program, recreation, playground or camp activities will not jeopardize amateur standing.
- **Appeal of Status:** A student who forfeits amateur status may apply to the Executive Director for reinstatement in the interscholastic program after a waiting period of one (1) year.

HEADS UP: CONCUSSION IN YOUTH SPORTS

A Fact Sheet for ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been dinged

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.
- **Get a medical check up.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
 - o The right equipment for the game, position, or activity
 - o Worn correctly and fit well
 - o Used every time you play

It's better to miss one game than the whole season.

For more detailed information on concussion and traumatic brain injury, visit: <http://www.cdc.gov/injury>

HEADS UP: CONCUSSION IN YOUTH SPORTS

A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s OK. Children who return to play too soon— while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child’s coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It’s better to miss one game than the whole season.

GIVE YOUR ATHLETIC SECRETARY 2 COPIES OF THIS FORM.

EDMONDS SCHOOL DISTRICT ATHLETIC CLEARANCE FOR SINGLE SPORT SEASON

Updated 5/2011

Athlete's Name: _____ **Grade:** _____

Check One Sport Only

☐ Baseball ☐ Basketball ☐ Cheer ☐ Cross Country ☐ Dance/Drill ☐ Fastpitch ☐ Football
☐ Golf ☐ Soccer ☐ Special Olympics ☐ Swimming ☐ Tennis ☐ Track/Field ☐ Spring Football
☐ Volleyball ☐ Wrestling ☐ Other _____

EMERGENCY TREATMENT RELEASE

TO BE COMPLETED BY PARENT/COURT APPOINTED GUARDIAN

Parent/Guardian Name: _____ Phone: (____) _____

By WIAA rule, proof of court ordered/appointed guardianship must be presented.

Address: _____ City: _____ Zip: _____

I have lived at this address since (indicate month and year): _____

Alternate Contact: _____ Phone: (____) _____

Date of Birth: _____ Date of Last Tetanus Shot: _____

Chronic Problems (Asthma, Heart Murmur, Diabetes, etc.): _____ Life Threatening? Y/N _____

Allergies (Medication, Bee Stings, etc.): _____ Epi Pen Needed? Y/N _____

****Insurance is required. Low cost student accident insurance is available through your school. Contact your Main Office for information****

Health Insurance Carrier: _____ Plan Number (Must be Listed): _____

Family Doctor & Clinic: _____ Phone: (____) _____

I hereby authorize and direct any medical or surgical care including anesthesia, laboratory x-rays and other procedures necessary in the emergency medical care of the above named minor during the period of his/her sport season. In addition, I have read and understand the Athletic Eligibility Information Bulletin.

Note: If you did not receive a bulletin please contact your school's Athletic Office.

Parent/Guardian's signature: _____

Date _____

ELIGIBILITY

TO BE COMPLETED AND SIGNED BY STUDENT/PARENT/COURT APPOINTED GUARDIAN

1. Do you live within the service area boundary of your Edmonds School District school? Yes _____ No _____

2. Are you living with your natural parent(s)? Yes _____ No _____

3. Are you living with a guardian? Yes _____ No _____

By WIAA rule, proof of court ordered/appointed guardianship must be presented.

4. High school students only: Is this the only high school you have been enrolled in? Yes _____ No _____

5. Did you pass at least five full-time semester or trimester classes and not fail more than one class during the previous grading period? Yes _____ No _____

6. Are you currently enrolled in at least five full-time semester or trimester classes? Yes _____ No _____

7. Were you enrolled in five or more full time classes last semester/trimester? Yes _____ No _____

Warning to Student-Athletes: If you drop below full-time status you will immediately be declared ineligible.

If you drop below full-time status the semester/trimester before your next season, you will forfeit the opportunity to take part in the next season.

8. High school students only: Are you a Running Start, Home School, or Alternative school student? Yes _____ No _____

9. Ninth graders only: What middle of K-8 school did you attend? _____

10. Date/Year enrolled in 9th grade _____

11. Did you repeat the 7th or 8th grade? Yes _____ No _____

I have read, understand and agree to abide by the information stated in the annual Athletic Forms packet (AD-2). I certify that all information above is accurate.

**Parent/Guardian's
signature** _____

Date _____

**Student's
signature** _____

Date _____

Participation Fee Paid:
\$123 _____ \$45 _____

CLEARANCE TO BE COMPLETED BY ATHLETIC OFFICE

Parent Permission Form: _____ Physical Date: _____ ASB Card: _____ Insurance Purchase Date (if no waiver): _____ Fines Clear: _____

Grades OK: _____ Other: _____ Authorized Signature: _____ Date: _____

PRIVATE VEHICLE TO AND FROM DISTRICT ACTIVITIES

THIS FORM MUST BE COMPLETED BEFORE A STUDENT IS ALLOWED TO TRAVEL IN A PRIVATE VEHICLE TO AND FROM DISTRICT ATHLETIC OR EXTRA-CURRICULAR ACTIVITIES. If any changes occur, it is the responsibility of the student and parent to contact the school.

Location of events: See sports specific schedule on www.WescoAthletics.com

Dates: According to the sport specific schedule on www.WescoAthletics.com

I grant permission for _____ (Student's Name) to travel to and from the activity described above by private vehicle.

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

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

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

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

Signature of Parent/Guardian

Date

Phone Number

I am a student at _____ (school) and I have read and understand the above information.

Parent/Guardian's signature:

Date

Signature of Student

Date

This form to be on file at the student's home school

HIGH SCHOOL AND MIDDLE SCHOOL PARENT PERMISSION

(VALID FOR CURRENT SCHOOL YEAR ONLY)

Athlete's Name: _____ Grade: _____
Parent/Guardian Name: _____ Phone: (____) _____
Address: _____ City: _____ Zip: _____
Birthdate (month/date/year): _____ Birthplace: _____

ELIGIBILITY

TO BE COMPLETED BY PARENT/GUARDIAN

I have read the *Athletic Eligibility Information Bulletin* and state that my son or daughter meets the following requirements (check appropriate blanks):

1. **Age:** Yes ____ No ____
Meets the age requirement for the school level.
2. **Residence:** Yes ____ No ____
Resides in the Edmonds School District and the service area of the school. Note: The student must reside with natural parents(s), parent of legal custody, or court-appointed guardian (see Eligibility Bulletin). Any exception to this rule must have prior approval through the School District. First year non-resident high school students and transfers from other Edmonds School District high schools are eligible at the junior varsity level only.
3. **Academic:** Yes ____ No ____
The student meets the academic requirements of the Edmonds School District.
4. **Amateur:** Yes ____ No ____
The student is an amateur in good standing.
5. **Physical Examination:** Yes ____ No ____
Written medical clearance from an appropriately licensed physician is on file at the school.

MEDICAL PERMISSION

In case of an emergency involving my child, the coach or other appropriate Edmonds 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 on the School District's *Athletic Clearance Form*; (3) call the child's physician/clinic as listed on the School District's *Athletic Clearance Form*; (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 or its judgment be necessary.

INSURANCE

I assume financial responsibility for medical expenses that may arise from my child's participation and understand that **the School District requires but does not provide medical insurance for my child.**

1. **Insurance Waiver:** Yes ____
I have filled out the insurance information section on the School District's *Athletic Clearance Form* including both the company name and plan number of my insurance carrier. **I understand I am to update the school immediately should this information change during the time my son or daughter participates in athletics.**
2. **Insurance Purchase:** Yes ____
I have purchased school insurance as indicated in the *Clearance Section* of the School District's *Athletic Clearance Form*. I understand this insurance is valid for the current school year only.

Edmonds School District

Student Extracurricular Activities Contract

This Contract applies to all extracurricular activities and is in effect for up to one year.

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

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

I understand that the full rules for student extracurricular participation in the Edmonds School District are available to me upon request, or online at: <http://staff.edmonds.wednet.edu/users/kernsj/7000/7385r1.htm>

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

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

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

Athlete's Signature	<div></div>	Date	<div></div>
Parent/Guardian Signature	<div></div>	Date	<div></div>

WARNING AND AGREEMENT TO OBEY INSTRUCTIONS

I am aware that playing or practicing to play/participate/compete in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate/compete in interscholastic sports include but are not limited to death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate/compete in interscholastic 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.

Because of the dangers of participating/competing in interscholastic sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

I further understand that by following the instructions provided by the District, the risk of injury described above may be reduced, but that due to the nature of the sport I have selected, there is still risk of injury regardless of the precautions taken or procedures followed.

I further acknowledge that baseball, basketball, football, soccer, and wrestling are sports which involve sometimes violent person-to-person contact and therefore the risk of injury in these sports is even greater than other sports.

I have read and understand the information provided on this form and in the *Athletic Eligibility Information Bulletin*. I request that the Edmonds School District allow me to participate/compete in the sports or designated activities indicated on the School District's *Athletic Clearance Form*, including but not limited to, trying out, practicing, playing or otherwise participating in these sports. In addition, my signature reflects that I have read and understand the *Athletic Eligibility Information Bulletin*, *Concussion & Head Injury Fact Sheet*, and the *Student Extracurricular Activities Contract* for the Edmonds School District.

Date: _____

Athlete's Signature

PARENT/GUARDIAN READ AND SIGN

I, _____, am the parent/legal guardian of _____ (student).

I have read the Edmonds School District's warning and agreement to obey instructions and understand its terms.

I understand that all sports can involve many RISKS OF INJURY, including, but not limited to, those risks outlined. I also understand that the consequences of injury may exceed the benefits afforded by my own medical insurance and acknowledge that the District has informed me of this possibility.

I request that Edmonds School District permit my child/ward to try out for his/her school's athletic team(s) and to engage in all activities related to the team, including, but not limited to, trying out, practicing, or playing/participating in the sports indicated on the School District's Athletic Clearance Form. In addition, my signature reflects that I have read and understand the *Athletic Eligibility Information Bulletin*, the *Student Extracurricular Activities Contract*, the *Concussion & Head Injury Fact Sheet*, and the *Parent Permission Form* for the Edmonds School District.

Date: _____

Parent/Guardian Signature

Turn in before your physical has expired

Athletics Physical Examination Report

For Middle and High School Clearance

I have examined _____ and declare this student physically able to
name of student

participate in middle or high school athletic/activity programs as follows:

1. _____ Full Interscholastic Athletic Competitive Program – Baseball, Basketball, Cross Country, Football, Golf, Soccer, Softball, Swimming, Tennis, Track and Field, Volleyball, Wrestling

AND/OR

2. _____ Full Related Activity Program – Cheerleading, Dance Team, Drill Team, Step Team, Weight Training

OR

3. _____ Restricted Athletic Program As Follows:

SPECIAL EMERGENCY CAUTIONS

Medical Authority's Name – *PLEASE PRINT*

Medical Authority's Signature _____ Date _____

Clinical stamp is required for verification of physical.

Clinic Stamp

Prior to the first participation in interscholastic athletics, a student shall undergo a thorough medical examination and be approved for interscholastic athletic competition by a medical authority licensed to perform a physical examination. This physical examination must include, but not necessarily be limited to:

- A. Documentation of a detailed review of the student's medical history with special attention to presence or absence of cardiovascular/pulmonary risks and/or previous significant injury and rehabilitation therefrom.*
- B. Documentation of satisfactory examination of the cardiopulmonary system.*
- C. Documentation of satisfactory sport-specific orthopedic screening examination.*
- D. A written statement by the examiner as to the fitness of the student to undertake the proposed athletic participation, together with suggestion for activity modification if necessary.*

NOTE: During the spring of 2004, the WIAA Rep Assembly voted to increase the number of valid months for a sports physical to 24 (up from 13).

**EDMONDS SCHOOL DISTRICT
HIGH SCHOOL / SPECIAL OLYMPICS SPORTS
PARTICIPATION FEE WAIVER**

SPORTS PARTICIPATION FEES

Due from all participants on or before the 2nd Friday of each sport season*

High School fee: \$123 Special Olympics Fee: \$25

*Students on Free and Reduced lunch status are eligible for a waiver of the fee by submitting the form below.

Free and Reduced Lunch Waiver

Individuals who qualify for free and reduced lunch and who have submitted required paperwork to the District's Food Service Department are eligible for a waiver of the sports participation fee. Please complete the waiver information listed below and submit with athletic eligibility paperwork. The ASB Bookkeeper will confidentially verify status with the Food Service Department in order to process this waiver.

Application for Free and Reduced Lunch Waiver of Sports Participation Fee

"Child Nutrition Programs are available to all without regard to race, color, national origin, sex, age or disability"

Consent to Release Confidential Information: I authorize the Edmonds School District Food Service Department to release our meal eligibility status for the purpose of qualifying for a reduction in fees for the athletics program. This information will be used only for this purpose. I understand that if I do not authorize the release of this information it will not affect my meal eligibility status nor my ability to participate in the meal program.

Student Name: _____ Grade: _____

Date: _____ School: _____ Sport: _____

Parent/Guardian Name PRINTED: _____

Parent/Guardian Signature: _____ Day Phone: (____) _____

ASB Bookkeeper: Please verify free and reduced lunch status for this individual by emailing the ESD Food Service Department at henriksonh@edmonds.wednet.edu. Student must have an approved application of file with the Food Service Department in order to qualify for a participation fee waiver. Please allow the student to proceed. Food Service will email eligibility status to you, and if a questions arises please contact the partne/guardian.

AFTER RECEIVING EMAIL APPROVAL PLEASE FAX (7075) OR MAIL A COPY OF THE COMPLETED FORM TO THE FOOD SERVICE DEPARTMENT WITHIN 72 HOURS.