

## **WARNING/AGREEMENT TO OBEY INSTRUCTIONS**

### **BASKETBALL, SOCCER, TRACK, VOLLEYBALL, AND WRESTLING**

(Both the applicant student and parent must read carefully and sign.)

I am aware that **Basketball, Soccer, Track, Volleyball, and Wrestling** are high-risk sports and that practicing or competing in these sports will be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of practicing and competing in these 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, serious injury to virtually all 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 practicing or competing in these 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. I also understand that the sport in which I participate may be so inherently dangerous that no amount of reasonable supervision, protective equipment or training can eliminate all vestiges of danger. I am informed that the District does not assume the responsibility for the medical services required for these risks.

Because of the dangers of these sports, I recognize the importance of following coaches' instructions regarding techniques, training and other team rules, etc., and to agree to obey such instructions. In consideration of the North Thurston Public Schools permitting me to try out for these sports and to engage in all activities related to the team, including but not limited to trying out, practicing or competing in these sports, I have read the above warnings and I understand their terms. I understand that interscholastic athletics involve high-risk activities that in some cases are so inherently dangerous that no amount of reasonable supervision or training can eliminate all vestiges of danger.

\*\*Students should never bring valuables to any athletic event or school activity. It is impossible to guarantee security of items at either inside or outside locations and the school district cannot be responsible for loss of student property.

**\*\*PARENT/LEGAL GAURDIAN AND ATHLETES MUST SIGN, PRINT, AND RETURN THE SPORTS SIGNATURE AUTHORIZATION PAGE WITH COMPLETED SPORTS PACKET TO STUDENT SERVICES.**

## **SAFETY GUIDELINES**

### **BASKETBALL, SOCCER, TRACK, VOLLEYBALL, AND WRESTLING**

(Both the applicant student and parent must read carefully and sign.)

When a person is involved in any athletic activity, an injury can occur, especially in a contact sport. One should be aware that the information presented in these rules and procedures is to inform the athlete of proper techniques and the inherent dangers involved with this particular activity. Not all potential injury possibilities in this sport are listed, but athletes should be aware that fundamentals, coaching, and proper-fitting equipment are important to the safety and enjoyment of the sport.

#### **BASKETBALL**

1. Proper warm-up is essential before strenuous activity takes place. Stretch properly before practice.
2. Be aware of surroundings, i.e., other athletes, wet floors, bleachers, etc.
3. Travel to and from off-campus facilities should take place as per school district procedures.
4. Be aware of the danger of throwing basketballs from other parts of the gym.
5. Wear properly fitted shoes.
6. Perform those skills and techniques as instructed and/or supervised by your coach.
7. Be especially aware of the danger of illegal actions, such as undercutting another player or grasping/hanging on the rim.
8. All athletes will read printed literature (signs, pictures, posted printed regulations) regarding safety procedures.
9. Contact the coach immediately if injured.

#### **SOCCER**

1. Proper warm-up is essential before strenuous activity takes place. Stretch properly before practice.
2. Be aware of surroundings; familiarize yourself with field conditions which may be potentially dangerous such as holes, sprinkler heads, etc.
3. Shin guards should always be worn.
4. Studs on footwear must not violate FIFA or WIAA rules.
5. Rings, earrings, and other jewelry pose a potential danger and should not be worn.
6. It is a violation of soccer rules and a potential danger to commit the following violations:
  - a. Kicking or attempting to kick an opponent
  - b. Tripping an opponent
  - c. Jumping at an opponent
  - d. Charging an opponent from behind
  - e. Charging violently at an opponent
  - f. Striking or attempting to strike an opponent
  - g. Holding an opponent
  - h. Pushing an opponent
  - i. 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
7. Perform only those skills and techniques as instructed and/or supervised by your coach.
8. Travel to and from off-campus facilities should take place as per school district procedures.
9. Contact the coach immediately if injured.

## **SAFETY GUIDELINES-CONTINUED**

### **BASKETBALL, SOCCER, TRACK, VOLLEYBALL, AND WRESTLING**

(Both the applicant student and parent must read carefully and sign.)

#### **TRACK**

1. Proper warm-up is essential before strenuous activity takes place. Warm-up in assigned areas only.
2. Be aware of rules regarding restricted areas.
3. Javelin/shot/discus/pole vault events must be supervised by the event coach when implements are being used.
4. Distance runners run only on course as indicated by coach.
5. Be aware of the need to check equipment, apparatus, field, and pits thoroughly before each use; i.e., foreign objects in the pits, proper placement of standards, etc.
6. Perform only those skills and techniques as instructed and/or supervised by your coach.
7. Travel to and from off-campus facilities should take place as per school district procedures.
8. Contact the coach immediately if injured.

#### **VOLLEYBALL**

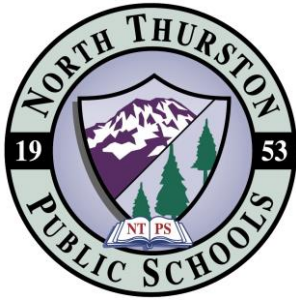
1. Proper warm-up, which may include running, is essential prior to any strenuous activity.
2. Wear proper-fitting shoes and socks at all times. Shoes that have been worn smooth should not be used.
3. Knee pads should be properly positioned when worn.
4. Travel to and from off-campus facilities should take place as per school district procedures.
5. Be aware at all times of court surroundings, i.e., obstacles, projections, bleachers, standards, etc.
6. Perform skills and techniques as instructed by your coach.
7. Contact the coach immediately if injured.

#### **WRESTLING**

1. Proper warm-up is essential before any activity takes place.
2. Travel to and from off-campus facilities should take place as per school district procedures.
3. Be aware of illegal holds as defined by the rule book.
4. When wrestling with an opponent, either in practice or in a match, wear approved, proper fitting apparel.
5. Be sure to wrestle a safe distance from all walls and other obstructions.
6. All wrestling will be done on the mats provided for wrestling.
7. Perform only techniques as instructed and supervised by your coach.
8. All athletes will read printed literature (signs, pictures, posted printed regulations) regarding safety procedures.
9. Contact the coach immediately if injured.

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 the **Basketball, Soccer, Track, Volleyball, and/or Wrestling** program.

**\*\*PARENT/LEGAL GAURDIAN AND ATHLETES MUST SIGN, PRINT, AND RETURN THE SPORTS SIGNATURE AUTHORIZATION PAGE WITH COMPLETED SPORTS PACKET TO STUDENT SERVICES.**



## North Thurston Public Schools Concussion Information Sheet

### Definition

A concussion is a brain injury that may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an “impulsive” force transmitted to the head, and typically result in the rapid onset of a variety of symptoms that can impair neurological function. **In some cases, signs and symptoms may appear within minutes or up to hours after injury.** Below are lists of common signs and symptoms that may be observed:

#### Physical Signs:

- Loss of consciousness
- Nausea or vomiting
- Blurred, double, or fuzzy vision
- Sensitivity to light or noises
- Balance problems
- Difficulty sleeping or insomnia
- Slowed reaction times
- Behavior or personality changes
- Sluggish

#### Symptoms:

- Headache
- Feeling in a fog
- Confusion
- Irritability
- Nervousness or anxiety
- Difficulty concentrating
- Memory loss
- Fatigue
- Drowsiness

Certain signs may be observable to coaches, parents, and teammates:

- Athlete appears dazed
- Vacant facial expression
- Confused about an assignment
- Forgets plays
- Is unsure of games, score, or opponent
- Moves clumsily or appears uncoordinated
- Answers questions slowly
- Slurred speech
- Inability to recall events before or after the injury
- Seizures or convulsions
- Loss of consciousness

### What can happen if my child keeps on playing with a concussion or returns too soon?

While signs and symptoms may vary from mild to severe in intensity, all concussions are serious injuries and should be treated as such. In other words, even a “ding” or bump on the head can be serious. **Loss of consciousness does not need to occur in order to be diagnosed with a concussion.** Any athlete suspected of having a concussion should be removed from physical activity immediately and treated by one of the licensed medical

professionals listed below (See WIAA Concussion Management). It is well known that adolescent athletes will often under report symptoms of injuries, and concussions are no different. **Continuing to play with the signs and symptoms of a concussion can put the athlete at a significant risk to a much worse injury, known as second impact syndrome. This can result in prolonged recovery, serious brain injury, or even death.** Regarding this, it is crucial that athletes understand the severity of concussions and report any symptoms that they may be experiencing. Most concussions (80-90%) will resolve within 7-10 days **if treated properly**. Administrators, coaches, parents, and teammates can all take part to make sure every student-athlete's safety is a priority.

### **WIAA Concussion Management**

In accordance to the WIAA, athletes may only be cleared by any of the five approved health care providers regarding concussion management:

- Medical Doctors (MD)
- Doctor of Osteopathy (DO)
- Advanced Registered Nurse Practitioner (ARNP)
- Physicians Assistant (PA)
- Licensed Certified Athletic Trainers (AT/L)

**Please visit the WIAA website to learn more:  
<http://www.wiaa.com/subcontent.aspx?SecID=628>**

However, athletes **MUST STILL** complete the return to play protocol after receiving clearance from any of these licensed health care providers. The athlete may not immediately return to their sport after given clearance from their health care provider.

### **Zachery Lystedt Law - House Bill 1824**

The Lystedt law dictates that any athlete suspected of having a concussion must be removed from physical activity immediately and may not return until he/she has been evaluated and received written clearance from one of the five WIAA approved licensed health care providers listed above. Athletes that suffer from a concussion must go through a graded return to play protocol to ensure they have completely recovered and can tolerate returning to their sport.

### **Return to Play (RTP) Protocol**

An athlete (High School or Middle School) may only begin RTP protocol when he/she has been symptom free for a minimum of 48 hours (High School) or seven days (Middle School). Symptom free is defined a NO exhibition of any signs of concussion.

The RTP protocol consists of a 5 day progression of physical activity:

Day 1: 10-15 minutes light aerobic activity (less than 60% max HR)

Day 2: 20-25 minutes moderate aerobic activity (less than 80% max HR)

Day 3: 20-30 minutes moderate to heavy aerobic activity including exertional activity

Day 4: Participation in limited, non-contact practice

Day 5: Full participation in athletic practice

Each step is pending the athlete is completely symptom free from initiation of one step until the initiation of the following step.

If the athlete does begin to experience symptoms at all during this time frame, he/she will be dropped back to the previous successful level of completion.

If the athlete begins to experience symptoms two consecutive days in a row, he/she will begin another 48 hour minimum symptom free period. This will apply to both High School and Middle School athletes.

Athletes must be seen by the athletic trainer consecutively unless otherwise discussed by the athletic trainer and the athlete or parents. Middle school athletes will have access to the high school trainers. High school trainers will be involved in the return to play protocol for middle school athletes in conjunction with the middle school coach.

Should the athlete successfully complete step 5 without experiencing any concussion symptoms, he/she will be considered completely released back to full participation.

#### ImPact Testing (HIGH SCHOOL ONLY)

Each athlete is required to have a Baseline ImPact Test on file before participating in any athletic event.

Should an athlete sustain a concussion, he/she will be required to take a Post-Injury ImPact Test.

The first Post-Injury test will be administered when the athlete's symptoms are not actively worsening.

Post-Injury tests may be repeated depending on the athlete's score.

The Baseline and Post-Injury results will be compared by the athletic trainer and/or other licensed practitioners as defined by the Lysted Law.

Post-Injury scores must be within an acceptable range of the Baseline score as decided by the athletic trainer and/or the licensed practitioner.

ImPact scores will be sent electronically from the athletic trainer to the licensed practitioner.

#### ImPACT Testing

ImPACT Testing is a computerized neurocognitive tool used to help monitor an athlete's signs and symptoms after a concussion and make sure they safely return to play. Prior to the beginning of the season, each athlete is required to have a baseline ImPACT Test on file. In the event that an athlete sustains a concussion, the athlete will take the ImPACT Test again and the results will be compared to the baseline score. This test will be administered approximately 3 to 4 days post concussion and can then be administered weekly thereafter to ensure the athlete is returning to their normal baseline score. The objective data from the ImPACT Test is used in conjunction with an evaluation by a WIAA approved licensed medical professional and return to play protocol in order to help assure the safest possible return to activity for the athlete.

## **Multiple Concussions**

In the event an athlete should sustain more than one concussion within a season or school year, intervention with the athletic trainer, parents, and other licensed medical professionals may be warranted regarding the athlete's participation with sports. No two concussions are alike, and each athlete experiences different symptoms from a concussion, especially when the athlete receives more than one concussion. Therefore, each concussion will be treated at the athletic trainer's discretion. Further intervention may require a longer rest or healing period, a longer duration for the return to play protocol, an evaluation by a WIAA approved licensed medical professional or neurological specialist, removal of the athlete from contact sports, or termination from sports entirely.

## **References**

### *International Consensus Conference on Concussion in Sport*

McCroy, P., Meeuwisse, W.H., & Aubry, M. et al. Consensus statement on concussion in sport: the 4<sup>th</sup> international conference on concussion in sport held in Zurich, November 2012. (2013). *Br J Sports Med*, 47: 250-258.

### *WIAA*

<http://wiaa.com/ardisplay.aspx?ID=453>

### *Center for Disease Control and Prevention*

[http://www.cdc.gov/concussion/headsup/return\\_to\\_play.html](http://www.cdc.gov/concussion/headsup/return_to_play.html)

If you feel your child may have suffered a concussion, it is your responsibility to inform the coach and/or athletic trainer so proper treatment may be administered. Remember, it is better to miss one game than to miss the entire season or possibly suffer long term health issues.



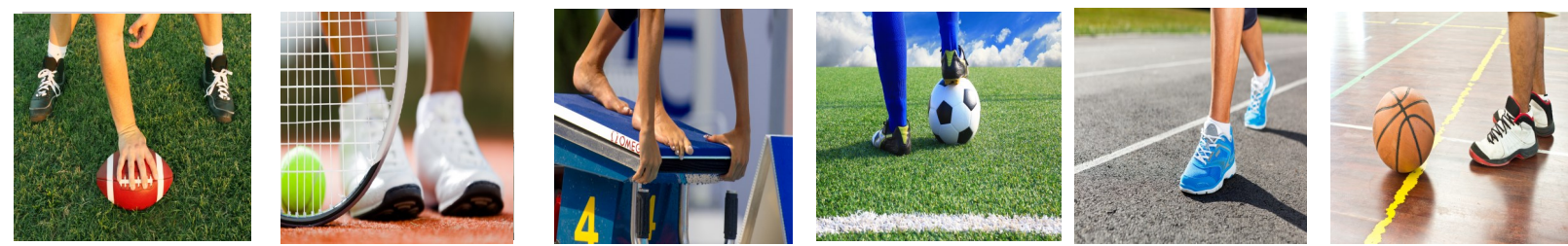


# Sudden Cardiac Arrest

## 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!**



# ATHLETIC CODE

## CONFIRMATION SHEET

### 2015-16

REVISED  
MAY 2015

Student athletes are leaders of our schools and have certain obligations and responsibilities in their behavior. Athletes must abide by the following North Thurston Public Schools policies. Failing to comply with these guidelines may result in disciplinary consequences. By signing this confirmation sheet, student athletes agree to:

- Obey all rules and regulations of the Washington Interscholastic Activities
- Not provide/use or be in possession of any illegal drugs, alcohol, tobacco
- Not knowingly remain at any location where controlled substances, legend drugs,
- Attend all classes unless appropriately excused by a parent or legal guardian and
- Meet all WIAA academic and residence eligibility regulations.
- Conduct themselves appropriately in school, the community and on social
- When on athletic trips, student athletes must remain with the team at all times,
- Attend all practices/meetings unless they have received approval by their coach
- Be respectful on the field of competition in which they are participating.
- Follow all additional expectations established by the head coach.\*

\* Coaches must inform all of their players of additional expectations. The additional expectations must be in writing and distributed to all participants and signed by parent/guardian and returned to coach prior to the first interscholastic competition.

Please read the attached Athletic Code. Sign and date on the lines below that both student athlete and parent have read and understand the information. Signing acknowledges understanding that the student will be held to the Athletic Code throughout the remainder of his/her high school eligibility. Withdrawal from the NTPS or the student-athlete's school for any period of time does not "erase" prior athletic code violations from the student-athlete's record in the event that further violations occur.

*THE COMPLETE ATHLETIC CODE CAN BE FOUND ON THE SCHOOL WEBISTE.*

**[www.nthurston.k12.wa.us/nisqually](http://www.nthurston.k12.wa.us/nisqually)**.

**\*\*PARENT/LEGAL GAURDIAN AND ATHLETES MUST SIGN, PRINT, AND RETURN THE SPORTS SIGNATURE AUTHORIZATION PAGE WITH COMPLETED SPORTS PACKET TO STUDENT SERVICES.**



# Nisqually Middle School

## Sports Packet Check of Sheet

Please **print and return** to Students Services

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please circle one:            Grade    7/8            Gender    M/F

### **Below For Official Use Only**

Physical Expires: \_\_\_\_\_

Physician's Approval to participate in:

Emergency Athletic Medical Information:

<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Basketball
<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Soccer
<input type="checkbox"/>	Track	<input type="checkbox"/>	Track
<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Wrestling	<input type="checkbox"/>	Wrestling

Forms that need to be signed and returned with student and parent signature:

<input type="checkbox"/>	Athletic Registration/Physical Form
<input type="checkbox"/>	Sports From Signature Page – Warning/Agreement to Obey Instructions & Safety Guidelines
<input type="checkbox"/>	Sports From Signature Page – Athletic Code & Participation & Fee Guidelines
<input type="checkbox"/>	Emergency Athletic Medical Information

Date Athletic Fee Paid \_\_\_\_\_

All fee/fines paid \_\_\_\_\_

Comments \_\_\_\_\_



# Nisqually Middle School

## Sports Form Signature Pages

Please **print and return** to Students Services

I, \_\_\_\_\_ am the parent/legal guardian of  
(Please Print Parent/Legal Guardian Name)

\_\_\_\_\_  
(Please Print Students Name)

In consideration of the North Thurston Public Schools permitting my child/ward to try out for the Nisqually Middle School **Basketball, Soccer, Track, Volleyball, and/or Wrestling** team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or competing in basketball, I have read and understand the terms of the North Thurston Public Schools **WARNING/AGREEMENT TO OBEY INSTRUCTIONS** for **Basketball, Soccer, Track, Volleyball, and/or Wrestling**. I understand that interscholastic athletics involve high-risk activities that in some cases are so inherently dangerous that no amount of reasonable supervision, protective equipment or training can eliminate all vestiges of danger. I am informed that the District does not assume the responsibility for the medical services required for these risks.

\_\_\_\_\_  
*Athlete's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

I have read and understand the list of rules and procedures for North Thurston Public Schools **SAFETY GUIDELINES for Basketball, Soccer, Track, Volleyball and Wrestling**. I also understand the necessity of using the proper techniques while participating in the **Basketball, Soccer, Track, Volleyball, and/or Wrestling** program.

\_\_\_\_\_  
*Athlete's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*



# Nisqually Middle School

## Concussion & Sudden Cardiac Arrest Awareness Signature Pages

Please print and return to Students Services

### Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

Nisqually Middle School and the NTPS 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 **Nisqually Middle School/NTPS** athletics and returned as part of the athletic eligibility packet. 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*



# Nisqually Middle School

## Sports Form Signature Pages

Please **print and return** to Students Services

I have read and understand the North Thurston Public Schools **ATHLETIC CODE**. Sign and date on the lines below that both student athlete and parent have read and understand the information. Signing acknowledges understanding that the student will be held to the Athletic Code throughout the remainder of his/her high school eligibility. Withdrawal from the NTPS or the student-athlete's school for any period of time does not "erase" prior athletic code violations from the student-athlete's record in the event that further violations occur.

\_\_\_\_\_  
*Athlete's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

I have read and understand the **Nisqually Middle School Athletics Program Participation and Fee Guidelines** which can be found on line at [www.nthurston.k12.wa.us/nisqually](http://www.nthurston.k12.wa.us/nisqually).

\_\_\_\_\_  
*Athlete's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

If you have any questions or if we can be of any assistance please contact us at (360) 412-4770 or:

Wendy Claar  
Student Services  
[wclaar@nthurston.k12.wa.us](mailto:wclaar@nthurston.k12.wa.us)

Tim Leipold  
Athletic Director  
[tleipold@nthurston.k12.wa.us](mailto:tleipold@nthurston.k12.wa.us)

Mike Miller  
Assistant Principal  
[mlmiller@nthurston.k12.wa.us](mailto:mlmiller@nthurston.k12.wa.us)



# NISQUALLY MIDDLE SCHOOL EMERGENCY ATHLETIC MEDICAL INFORMATION

(This form **MUST** be completed for **EACH SPORT**)

*Please choose one*

**Basketball**

**Soccer**

**Track**

**Volleyball**

**Wrestling**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade 7 8 Gender M F EPI PEN Yes No

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Mother/Guardian Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternative Person(s) to be notified in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies or other conditions your child has which first-personnel should be aware of \_\_\_\_\_

Regular medications: \_\_\_\_\_

In case of illness, accident or emergency involving this student, the principal or coach is authorized to act on my behalf if I cannot be contacted, and I hereby give permission for a medical doctor to do what is necessary to maintain the health of this student. I realize that North Thurston Public Schools does not carry medical insurance for students.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



North Thurston Public Schools

# ACTIVITIES REGISTRATION FORM AND CONTRACT *Nisqually Middle School*

*Please fill out both sides*

**FOR OFFICE USE ONLY:**

ASB Card No. \_\_\_\_\_

Athletic fee paid \_\_\_\_\_

Date

Physical Expires \_\_\_\_\_

## SECTION I: INFORMATION

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Name of School \_\_\_\_\_ Circle Current Grade:  7  8

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Gender: M  F

Date of Enrollment in NTSD \_\_\_\_\_ Date First Enrolled in 7<sup>th</sup> Grade \_\_\_\_\_

Do you live in attendance area of this school? \_\_\_\_\_ Date of transfer \_\_\_\_\_

## SECTION II: HEALTH HISTORY

Does your son/daughter have any special health problems, i.e., diabetes, allergies, seizures, etc., or has he/she had any operations or hospitalizations?

Does your son/daughter take medications regularly? \_\_\_\_\_ Type \_\_\_\_\_

Does your son/daughter wear glasses?  Yes  No Contact lenses?  Yes  No

## SECTION III: PHYSICAL EXAMINATION

*To be completed by a health care provider licensed to give physical examinations*

I have examined \_\_\_\_\_ on \_\_\_\_\_  
*Name of Student Date*

In my opinion the above-named student **is able to participate** in the following sports. Please circle.

Volleyball    Soccer    Basketball    Wrestling    Track

I recommend that the pupil designated above should not be allowed to wrestle at any weight less than the indicated classification circled here:

Up-75   82   87   92   97   102   112   117   122   127   134   142   151   161   172   173-Up

Note: Contestants will wrestle "scratch" weight throughout the entire season. A contestant shall not wrestle more than one weight class above that class for which his actual stripped weight, at the time of weigh-in, qualifies him. The purpose of this report is to prevent undue weight reduction for competitive purposes.

Physical Limitations/Recommendations \_\_\_\_\_

Health Care Provider (*licensed MD, DO, ARNP, or PA ONLY* (please print)) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_



**SECTION IV: AUTHORIZATION**

As the parent/legal guardian, I authorize the team physician (or in his/her absence a qualified health care provider) to examine the above-named student in the event of an injury and to administer emergency care and arrange for any consultation deemed necessary to insure proper care of any injury. Every effort will be made to contact the parent/legal guardian to explain the nature of the problem prior to any involved treatment.

I understand that I will assume full responsibility for payment of any services rendered.

<input checked="" type="checkbox"/>	<b>Parent/Guardian</b> Signature _____ Date _____
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**SECTION V: MEDICAL EMERGENCY INFORMATION**

<i>Name of Student/Athlete</i>	<i>Date of Birth</i>	<i>School</i>
<i>First person to call in case of injury</i>	<i>Relationship</i>	<i>Phone</i>
<i>Second person to call in case of injury</i>	<i>Relationship</i>	<i>Phone</i>
<i>Medication in use</i>	<i>Medicines allergic to</i>	
<i>Medical Authority</i>	<i>Phone</i>	

**SECTION VI: PARENT PERMISSION/INSURANCE**

I hereby give permission for the above-named student to engage in athletics/activities in North Thurston Public Schools for the \_\_\_\_\_ school year.

Medical Insurance Company \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_  
*(Dental coverage is advised, but is not required)*

The above-named student has chosen to participate in a school district athletic/activity program. Some athletic/activity programs are more dangerous than others. Accidents can happen and risk of serious injury does exist. Your signature below indicates that you have been advised of the information on both sides of this form and gives your consent for participation. It further indicates your agreement to purchase medical insurance coverage for the duration of participation.

*Medical insurance coverage must be maintained throughout sports participation! Dental insurance coverage is advised, but is not required.*

Relationship to student ( <i>check only one</i> ): <input type="radio"/> Parent <input type="radio"/> Court-appointed Guardian <input type="radio"/> Other _____	
I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE ATHLETIC CODE AND BOTH SIDES OF THIS CONTRACT.	

<input checked="" type="checkbox"/>	<b>Parent/Guardian</b> Signature _____ Date _____
<input checked="" type="checkbox"/>	<b>Student</b> Signature _____ Date _____