



## *Welcome to Kingston High School Athletics!*

### *2010-2011*

#### **Kingston High School offers sports in three seasons:**

**FALL:** Cross Country, Football, Girls' Soccer, Girls' Swim, Boys' Tennis, Volleyball & Cheer

**WINTER:** Boys' Basketball, Girls' Basketball, Debate, Gymnastics, Boys' Swim, Wrestling & Cheer

**SPRING:** Baseball, Fastpitch, Golf, Boys' Soccer, Girls' Tennis and Track & Field

#### **WHAT YOU WILL NEED TO PARTICIPATE**

**Athletic Forms:** Before participating in tryouts or practice, ALL forms must be filled out, signed and returned to the Front Office for clearance.

**Fees, Fines & ASB:** Before competing in a contest, all participants must purchase an ASB Card (\$35), pay the participation fee (\$75) and pay all their fines.

**Eligibility:** All participants must be enrolled at North Kitsap School District with Kingston High School as their school of record. They must maintain passing grades (i.e. pass 5 classes in a 6 period schedule).

#### **THIS PACKET INCLUDES THE FOLLOWING REQUIRED FORMS:**

1. **Registration Form:** ONE form per school year required. The form verifies that the student-athlete has read and agrees to abide by the *NKSD Athletic Handbook* and the *Concussion Fact Sheet*. Review the handbook on the KHS Web site ([www.nkschools.org/kh](http://www.nkschools.org/kh)).
2. **Emergency Form:** ONE form per school year required (unless you have a change of information). Emergency contact, insurance and doctor information is required.
3. **Physical Form:** A current sports physical is required every two years. The form must be completed by a licensed physician.
4. **Participation Fee Contract:** ONE form per season. The NKSD contract must be signed by both the student-athlete and their parent/guardian and will be kept on file in the Athletic Office.

#### **OTHER REQUIRED FORMS:**

The following forms are not included in this packet. They are available in the Front Office or on the KHS Web site ([www.nkschools.org/kh](http://www.nkschools.org/kh)).

1. **Individual Sport Safety Guidelines Form:** ONE form per sport. These forms are specific to each sport. It needs to be signed and returned to the Athletic Office.
2. **Running Start/Foreign Exchange Form:** Students enrolled in Running Start or who are Exchange Students must fill out a separate form available in the Front Office.

# NORTH KITSAP SCHOOL DISTRICT ATHLETIC REGISTRATION FORM 2010-11

## Section I: Information

**Student name** (print legibly): \_\_\_\_\_  
(Last) (First) (Middle Initial)

**Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_ **Grade in Sept 2010 :** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sport(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mother's name:** \_\_\_\_\_ **Hm ph:** \_\_\_\_\_ **Bus/Cell. Ph:** \_\_\_\_\_

**Father's name:** \_\_\_\_\_ **Hm ph:** \_\_\_\_\_ **Bus/Cell. Ph:** \_\_\_\_\_

**Parent e-mail:** \_\_\_\_\_ **Date of enrollment in NKSD:** \_\_\_\_\_

**School attended last year (circle one):** KHS, NKHS, KMS, PMS; other \_\_\_\_\_

**ARE YOU A TRANSFER STUDENT?** Y N

**WERE YOU UNDER ANY CONDITIONS OF INELIGIBILITY WHEN YOU LEFT YOUR PREVIOUS SCHOOL?** Y N

**ARE YOU A FOREIGN EXCHANGE STUDENT?** Y N

**ARE YOU HOMESCHOOLING?** Y N **Date of registration at your school:** \_\_\_\_\_

**ARE YOU A RUNNING START STUDENT?** Y N  
**HOW MANY CREDITS ARE YOU TAKING?** \_\_\_\_\_

**ARE YOU A Parent Assisted Learning (PAL) STUDENT?** Y N

**Counseling Office notified?** \_\_\_\_\_

## Section II: Student Handbook

### STUDENT AND PARENT/GUARDIAN SIGNATURE

- Signing confirms that we have read and agree to abide by the contents of the North Kitsap School District Student Athletic Handbook. (*Handbook is available upon registration and/or on the NKSD website*)

**Student-athlete's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Section III: Concussion Information

### STUDENT AND PARENT/GUARDIAN SIGNATURE

- Signing confirms that we have read and are aware of what concussions are, the signs and symptoms of a concussion, and what you should do if your student-athlete receives a concussion.

**Student-athlete's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# North Kitsap School District Concussion Fact Sheet for High School Sports

Fact sheet for **STUDENT-ATHLETES**



## What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head.
- Can change the way your brain normally works.
- Can range from mild to severe.
- 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" or had your "bell rung."

## How can I prevent a concussion?

It's different for every sport. But there are steps you can take to protect yourself from concussion.

- 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). In order for equipment to protect you, it must be:
  - Appropriate for the game, position, and activity
  - Well maintained
  - Properly fitted
  - Used every time you play

## What are the symptoms of a concussion?

- Nausea (feeling that you might vomit)
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Headache
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems (forgetting game plays)
- Confusion



## What should I do if I think I have a concussion?

- **Tell your athletic trainer, coaches and your parents.** Never ignore a bump, blow, or jolt to the head. Also, tell your coach if one of your teammates might have a concussion.
- **Get a medical check up.** A licensed health care professional can tell you if you have had a concussion and when you are OK to return to play.
- **Give yourself time to recover.** 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 permanent brain damage, and even death in rare cases. Severe brain injury can change your whole life.

## How do I know if I've had a concussion?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up days or weeks after the injury. It's best to see a health care professional if you think you might have a concussion. An undiagnosed concussion can affect your ability to do schoolwork and other everyday activities. It also raises your risk for additional, serious injury.

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

Information from:

Department of Health and Human Services- Center for Disease Control and Prevention  
[http://www.cdc.gov/ncipc/tbi/Coaches\\_Tool\\_Kit.htm](http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm)





# North Kitsap School District Concussion Fact Sheet

## for High School Sports Fact Sheet for **Parents**

### What is a concussion?

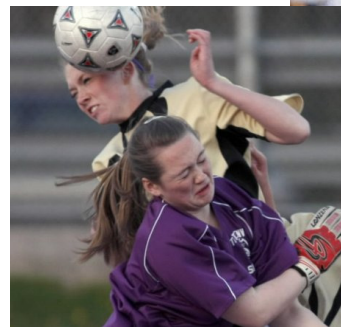
A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even a “ding” or a bump on the head can be serious.

### What are the signs and symptoms of concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or can take days or weeks to appear. If your teen reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.



Signs observed by athletic trainer, coaches, parents or guardian	Symptom reported by athlete
<ul style="list-style-type: none"> <li>◆ Appearing dazed or stunned</li> <li>◆ Is confused about assignment</li> <li>◆ Forgets plays</li> <li>◆ Is unsure of game, score, or opponent</li> <li>◆ Moves clumsily</li> <li>◆ Answers questions slowly</li> <li>◆ Loses consciousness</li> <li>◆ Shows behavior or personality changes</li> <li>◆ Can't recall events prior to hit</li> <li>◆ Can't recall events after hit</li> </ul>	<ul style="list-style-type: none"> <li>◆ Headache</li> <li>◆ Nausea</li> <li>◆ Balance problems or dizziness</li> <li>◆ Double or fuzzy vision</li> <li>◆ Sensitivity to light or noise</li> <li>◆ Feeling sluggish</li> <li>◆ Feeling foggy or groggy</li> <li>◆ Concentration or memory problems</li> <li>◆ Confusion</li> </ul>



### What should you do if you think your teenage athlete has a concussion?

- 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 teen to return to sports.
- Keep your teen out of play. Concussions take time to heal. Don't let your teen return to play until a health care professional says it's OK. Athletes 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 teen for a lifetime.
- Tell your teen's athletic trainer and coaches about any recent concussion. Athletic Trainers and coaches should know if your teen had a recent concussion in ANY sport. Your teen's athletic trainer and coaches may not know about a concussion your teen received in another sport or activity unless you tell them. Knowing about the concussion will allow the athletic trainer and coach to keep your teen from activities that could result in another concussion.
- Remind your teen: It's better to miss one game than the whole season.

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



**Emergency Insurance Information & Consent 2010-11**

Athlete's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Sport(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Parent or Guardian Name(s): \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Family Health Accident Insurance:**

Carrier: \_\_\_\_\_ Group: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Group #: \_\_\_\_\_ ID #: \_\_\_\_\_  
Family Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
***Any Serious Medical Conditions:*** \_\_\_\_\_  
Allergies: \_\_\_\_\_

***I/WE HEREBY GRANT CONSENT TO ANY AND ALL HEALTH CARE PROVIDERS DESIGNATED BY KINGSTON HIGH SCHOOL TO PROVIDE MY CHILD \_\_\_\_\_ (name) ANY NECESSARY MEDICAL CARE AS A RESULT OF ANY INJURY/ILLNESS. MY INSURANCE, \_\_\_\_\_, (does, does not) COVER SPORTS. I UNDERSTAND AND AGREE THAT MEDICAL INFORMATION MAY BE SHARED WITH OTHER HEALTHCARE PROFESSIONALS AND ATHLETIC DEPARTMENT PERSONNEL.***

**I WILL NOTIFY THE SCHOOL IN WRITING OF ANY CHANGES OR CANCELLATION OF MY INSURANCE.**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**North Kitsap School District**  
**Extra-Curricular Participation Fee Contract 2010-11**  
**(To be completed separately for each sport)**

Name: \_\_\_\_\_ Activity: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Received by \_\_\_\_\_

**I. General Information:**

- A. Extra-Curricular activities requiring participation fees:  
Interscholastic Sports: Baseball, Basketball, Cheer, Cross Country, Debate, Fastpitch, Football, Golf, Gymnastics, Soccer, Swimming, Tennis, Track, Volleyball and Wrestling.
- B. In an effort to supplement available District funds for extra-curricular programs, a fee will be collected from participating students. The fee shall be collected from any student who participates in athletics at Kingston High School, North Kitsap High School, Poulsbo Middle School or Kingston Middle School. This also applies to home school students, private school students, PAL, Spectrum students, Running Start, or others authorized by WIAA participation rules.
- C. Fees shall be structured based on school level. The high school level will pay one set of fees and the middle school level will pay a lower fee.
- D. The student shall abide by all WIAA and NKSD policies, rules and regulations. These are outlined for all athletic programs in the NKSD Student Athlete's Handbook.
- E. Payment of the participation fee does not guarantee playing time in competition, participation in competitions, awarding of a letter, or any similar guarantee.

**II. Financial Information:**

- A. NKSD students shall pay \$75.00 per sport at the high school level and \$50.00 per sport at the middle school level. If a student is involved in multiple sports the maximum per year shall be \$150 at the high school and \$100 at the middle school. *Student will not be required to pay for more than two (2) seasons of participation*
- B. Multiple students within a family are considered separate contracts and there is no reduced rate.
- C. Students cannot turn out for any sport that requires payment of a participation fee until the student has provided the following paperwork:
  - 1. Proof of insurance and emergency form
  - 2. Physical examination form
  - 3. Athletic Registration Form with Concussion awareness
  - 4. Sport-specific inherent risk consent form
- D. Student athletes must pay the participation fee by a date designated by the building athletic coordinator at the beginning of the season and BEFORE the first interscholastic contest. After that building-determined cut-off date, only those who have paid this fee may participate in practices and contests.
- E. Each school will communicate the plan for collection of fees to students and parents.
- F. Financial Aid applications for payment of participation fees will be available from the Athletic Coordinator at each school and will include a review of the family's eligibility for free and reduced lunch.

- G. Refund of Participation Fees: Refunds may be made to those students who do not plan to continue participation in an extra-curricular program beyond the minimum number of practices necessary to be eligible to compete (usually 10 practice days). The refund will be determined based on the recommendation of the head coach with final approval being the responsibility of the building Athletic Coordinator/Principal.
- H. Waiver of Participation Fees: Students may waive the participation fee if they qualify for Free and Reduced Meals. They must provide the Approval Letter from the NKSD Nutrition Services

**III. District Obligations:**

- A. All extra-curricular programs will be offered in accordance with appropriate District and WIAA policies and regulations.
- B. The NKSD Board of Directors will retain final authority as to which extra-curricular programs will be offered each year.

**This contract must be signed by all parties listed below and placed on file in the Athletic Coordinator’s office before participation in any scheduled contest will be permitted.**

**A Participation Fee Contract must be completed for each sport. The contract is not transferable to additional activities.**

I have read and understand the above terms and conditions and agree to abide by the same.

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(Student Signature)

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(Parent/Guardian Signature)

**MAKE CHECKS PAYABLE TO: North Kitsap School District**

<b>High School</b>	
Athletics - Per Student Per Season	\$75.00
Max. per year per student	\$150.00
<b>Middle School</b>	
Athletics - Per Student Per Season	\$ 50.00
Max. per year per student	\$ 100.00

## North Kitsap School District #400 Pre-participation History and Physical Examination Form

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Zip: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

**PLEASE EXPLAIN ANY YES ANSWERS BELOW!**

- | YES                          | NO                       | <b>HISTORY</b>  |
|------------------------------|--------------------------|---|
| 1. <input type="checkbox"/>  | <input type="checkbox"/> | Have you had any illness/injury recently, or do you have an illness/injury now?                     |
| 2. <input type="checkbox"/>  | <input type="checkbox"/> | Have you had a medical problem, illness or injury since your last exam?                             |
| 3. <input type="checkbox"/>  | <input type="checkbox"/> | Do you have any chronic or recurrent illness?   |
| 4. <input type="checkbox"/>  | <input type="checkbox"/> | Have you ever had any illness lasting more than a week?   |
| 5. <input type="checkbox"/>  | <input type="checkbox"/> | Have you ever been hospitalized over night?   |
| 6. <input type="checkbox"/>  | <input type="checkbox"/> | Have you had any surgery other than tonsillectomy?  |
| 7. <input type="checkbox"/>  | <input type="checkbox"/> | Have you ever had any injuries requiring treatment by a physician?                                  |
| 8. <input type="checkbox"/>  | <input type="checkbox"/> | Do you have any organ missing other than tonsils (appendix, eye, kidney, etc.)?                     |
| 9. <input type="checkbox"/>  | <input type="checkbox"/> | Are you presently taking ANY medications?   |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Do you have ANY allergies (medicines, bees, foods, or other factors)?                               |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?            |
| 12. <input type="checkbox"/> | <input type="checkbox"/> | Do you tire more easily or quickly than your friends during exercise?                               |
| 13. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any problem with your blood pressure or your heart?                               |
| 14. <input type="checkbox"/> | <input type="checkbox"/> | Have any close relatives had heart problems, heart attack, or sudden death before they were age 50? |
| 15. <input type="checkbox"/> | <input type="checkbox"/> | Do you have any skin problems (acne, itching rashes, etc.)?   |
| 16. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had fainting, convulsions, seizures, or severe dizziness?                             |
| 17. <input type="checkbox"/> | <input type="checkbox"/> | Do you have frequent severe headaches?  |
| 18. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a "stinger" or "burner" or "pinched nerve"?                                       |
| 19. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had been "knocked out" or "passed out"?   |
| 20. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a neck or head injury?  |
| 21. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related problems?      |
| 22. <input type="checkbox"/> | <input type="checkbox"/> | Have you had asthma, or trouble breathing, or cough during or after exercise?                       |
| 23. <input type="checkbox"/> | <input type="checkbox"/> | Do you wear eyeglasses, contact lenses, or protective eye wear?                                     |
| 24. <input type="checkbox"/> | <input type="checkbox"/> | Have you had any problem with your eyes or vision?  |
| 25. <input type="checkbox"/> | <input type="checkbox"/> | Do you wear any dental appliance such as braces, bridge, plate, and retainer?                       |
| 26. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a knee injury?  |
| 27. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an ankle injury?  |
| 28. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?                             |
| 29. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a broken bone (fracture)?   |
| 30. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a cast, splint, or had to use crutches?   |
| 31. <input type="checkbox"/> | <input type="checkbox"/> | Must you use special equipment for competition (pads, braces, neck roll, etc.)?                     |
| 32. <input type="checkbox"/> | <input type="checkbox"/> | Has it been more than 5 years since your last tetanus booster shot?                                 |
| 33. <input type="checkbox"/> | <input type="checkbox"/> | Are you worried about your weight?  |
| 34. <input type="checkbox"/> | <input type="checkbox"/> | <b>FEMALES:</b> Have you any menstrual problems?  |
| 35. <input type="checkbox"/> | <input type="checkbox"/> | Have you any medical concerns about participating in your sport?                                    |

Yes Answers \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

### PHYSICAL EXAMINATION

Age: \_\_\_\_\_ Pulse: \_\_\_\_\_

Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Weight: \_\_\_\_\_ Visual Acuity: Left 20/\_\_\_\_\_  
Right 20/\_\_\_\_\_

- | Normal   | Abnormal                       |
|--|--------------------------------|
| <input type="checkbox"/> 1. Head               | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 2. Eyes (Pupils), ENT | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 3. Teeth              | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 4. Chest              | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 5. Lungs              | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 6. Heart              | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 7. Abdomen            | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 8. Neurologic         | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 9. Skin               | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 10. Physical Maturity | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 11. Spine, Back       | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 12. Upper Extremities | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 13. Lower Extremities | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 14. Flexibility       | <input type="checkbox"/> _____ |

**Assessment:**

- Full Participation  
 Limited Participation (describe limitations, restrictions):

\_\_\_\_\_  
 Participation contraindicated (list reasons):

**Recommendations (equipment, taping, rehabilitation, etc.):**

Will this physical be acceptable for High School Sports: Yes No (Circle one)

DATE: \_\_\_\_\_ EXAMINER'S PHONE: ( ) \_\_\_\_\_

EXAMINER'S SIGNATURE: \_\_\_\_\_

EXAMINER'S PRINTED NAME: \_\_\_\_\_

**MEDICAL AUTHORITIES LICENSED TO GIVE PREPARTICIPATION PHYSICAL EXAMINATION:**

- 1. Medical Doctor (MD) 2. Doctor of Osteopathy (D.O.) 3. Certified Nurse Practitioner (CRN) 4. Physician Assistant (P.A.) 5. Naturopaths (N.D.)**