

TOUCHET SCHOOL DISTRICT # 300

Athletic Packet



Name _____

Grade _____

For Office Use Only

Date of Physical _____

Date Packet Received _____

TOUCHET SCHOOL DISTRICT #300
WARNING OF INHERENT DANGERS AND CONSENT TO PLAY

It is the Touchet School District’s intent to provide each athlete with good instruction, safe equipment, and safe transportation: but we cannot eliminate all risks involved in sports participation. There is always potential for accidental injury that is completely unrelated to any preventable causes.

Participation in WIAA sponsored interscholastic activities is voluntary and Co-Curricular. As a condition to participation in these activities, you and your parent(s)/guardian(s) must understand THE RISKS involved in these kinds of activities.

“WARNING”

Participation in any athletic activity may involve injury of some type to either yourself or a fellow student athlete. Such injury can include direct physical and possibly crippling injury to one’s body and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury on another. The severity of such injury can range from minor injuries to major catastrophic injuries such as paralysis and possible death.

Activity injuries can result from the incorrect or correct performance of playing techniques used in tryouts, practices, warm-ups, games, drills, exercises and other similar undertakings. Injury can result from failing to follow game, training, safety, or other team rules. Injury can result from the use of transportation provided or arranged by the school district to and from interscholastic activity.

Therefore, the purpose of this **WARNING** is to aid you in making an informed decision as to whether you or your child or ward should participate in these activities. In addition, its purpose is to make you aware that as a student participant, or as a parent/guardian of a student participant, it is your responsibility to learn about and/or inquire of coaches, physicians, advisor or other knowledgeable persons about **any** concerns that you might have **at any time** regarding participants’ safety.

STUDENT/PARENT/GUARDIAN SIGNATURES

By signing this document, we acknowledge that we have read and understand its contents and warning related to the above stated risks and give our permission for participation in interscholastic activities. In addition, we have read and understand the Co-Curricular Athlete Agreement, the Concussion Recognition, and Sudden Cardiac Awareness information. I/We understand the Touchet School District does not provide medical coverage for my son or daughter while participating in sports. **School board policy requires participants to have medical insurance coverage.** The following information must be on file with the school district prior to any student participation in an athletic activity.

I hereby grant permission for my student to participate in _____
for the 20__/20__ school year. (Name(s) of athletic activities)

_____ is covered by _____
(Student’s name) (Name of insurance company)

Date Student Printed Name

Student Signature

Date Parent/Guardian Printed Name

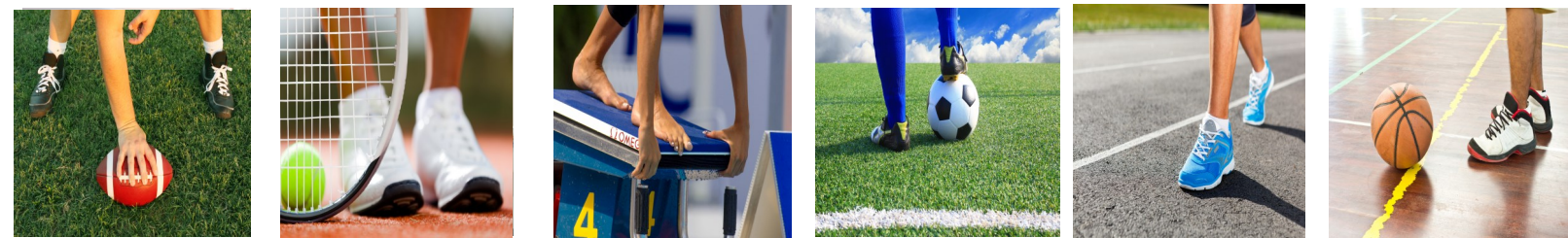
Parent/Guardian Signature



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!**

Touchet School District

Keep For Your Reference

EXTRA-CURRICULAR ATHLETE AGREEMENT

All students participating in extra-curricular activities must be an active ASB member by paying their dues.

(Purchase an ASB card).

Touchet School District believes that there is a positive correlation between the student's performance and their adherence to specific training rules. Students participating in extra-curricular activities are considered representatives of their school and community. Therefore, certain standards including academic requirements, citizenship, sportsmanship, and conduct must be maintained at the highest levels. The added exposure they receive places them in a position that requires they assume a greater amount of responsibility for their conduct.

Participation in extra-curricular activities is voluntary. It is an opportunity that Touchet School District makes available to all students regardless of race, creed, color, national origin, age, sex, marital status, sexual orientation, gender identity, or the presence of any sensory, mental, or physical disability. The rules and regulations of the activity will be regarded as an agreement between the student and their coach, advisor, and district. It is the student's responsibility to know and abide by the contents of this code.

Students are encouraged to experience athletics on a trial basis. Student athletes have a two-week trial period. After the two weeks, students are expected to complete the season. If a student athlete chooses to quit after two weeks, they may face up to a year of ineligibility for subsequent sports. This will be determined by the Athletic board made up of Superintendent, Principal, Athletic Director, and community member. The sanction may be appealed, in writing, to the athletic board.

GRADING POLICY DURING SEASON OR ACTIVITY

A. The quarter grade report and the progress report will determine the student's eligibility. (Reported approximately every 4 weeks). Activities starting between grade checks will be determined by the latest grade check available.

- To be eligible the student must maintain a 2.0 grade point average (GPA) and receive no F's on the report.
- Students that fall below a 2.0 and/or have an F on the report are deemed ineligible for the period of one school week (5 school days), starting the day grades are posted. They may practice but not participate in games/activities. To become eligible, students must complete an eligibility sheet and meet academic requirements. If not eligible the first week, a student athlete must complete a second and final eligibility sheet on the week after the first one. Eligibility sheets are located at the district office and are available one week after being deemed ineligible. They must attend a study table 4 days a week, Monday through Thursday, from 2:40-3:10 p.m. (If accommodations are provided by the school district.)
- Students that are deemed ineligible 3 times during a season will be ineligible for the remainder of that season.
- The 4th quarter grade report will determine the student's eligibility for the fall season of the next school year. Students that are ineligible by the 4th quarter grade check may attend summer school to make up credit or improve their GPA (this is subject to change each year based on funding and availability). The Principal and/or Athletic Director will review the student's summer GPA before reinstating them. **If the student does not attend summer school a grade check will be done two complete weeks (10 school days) after the start of the fall school year to determine eligibility.**
- **Advisory grades are not factored in for eligibility.**

Students may request a due process hearing with the building principal at any step of the process. The due process allows the principal to check with teachers to determine if the student is putting forth maximum effort in the class but, due to learning deficiencies or extenuating circumstances, is unable to perform up to standards.

Students may be allowed to participate in activities if the coaches/advisors, teachers, and administration agree that the student is working in the classroom to the best of their ability, and that participation would be of benefit to the student.

B. Attendance at school the entire day is required to participate in practice, games, or activities. Attendance at practice is mandatory to play in a game the next day. At coach's discretion, a player may participate if the circumstances warrant.

Doctor/dentist appointment or approved/pre-arranged excused absences may be accepted.

C. Participants display good citizenship, sportsmanship, and leadership at school, in the community, and at all activities. Each student, parent/guardian, and attendee will exemplify the highest standards of good sportsmanship. This conduct consists of courteousness, fairness, and respect for teachers, officials, teammates, opponents, coaches, and all others associated with the activity. If these guidelines are not maintained, students will be suspended for a minimum of one activity/game with further action possible after immediate review by the administration and coaches/advisors.

D. To show pride in the Touchet School District athletics and activities program, participants will be appropriately dressed on the day of the activity/game. Each coach or advisor will specify what this means for each event. Dress for success!

Touchet School District Keep For Your Reference

E. Participants are responsible for the equipment and clothing checked out to them. Such equipment and clothing will not be worn as regular attire during the school day or at home. Players may wear game jerseys on game days at the coach's discretion. **ALL uniforms and equipment must be returned at the end of the season to maintain eligibility.**

F. Participants must abide by any other rules as set forth by the coach/advisor, administration and WIAA in that particular activity.

ALCOHOL, TOBACCO AND OTHER DRUGS

The use or personal possession of any narcotics, drugs, or inhalants determined to be detrimental by the American Medical Association, alcoholic beverages, or tobacco (smoked or smokeless) is prohibited.

The following steps will deal with infractions of the above:

1st Violation

The student will be suspended from participation in extra-curricular and school approved activities for a minimum of one game or event.

The student will complete a drug and alcohol assessment by a licensed, professional counselor with the cost borne by the athlete and parents.

The student will participate in and successfully complete an Alcohol/Drug/Tobacco Education and Intervention workshop. Upon completion, the student will be allowed to resume participation.

2nd Violation

The student will be suspended for the remainder of the current activity season and the next season. If a student fails to complete a drug and alcohol assessment as stated above, the student shall be suspended from participation in all activities for one calendar year from the date of the infraction.

Addendum

Honesty Policy-A student who admits to a substance abuse problem to a staff member prior to an infraction, and begins an appropriate plan of rehabilitation shall not be subject to disciplinary action for that admission. However, violation through an infraction, regardless of admission, will result in disciplinary action as provided by policy.

If a student is present where underage drinking, substance abuse, or tobacco use is taking place, but not personally consuming or using, they shall be placed on probation for the remainder of the school year.

The penalty period will begin from the date of the infraction or the earliest time deemed practical after sufficient investigation by the principal.

Any student who is penalized under these rules has the right to due process, which includes the District Superintendent and Board of Directors. The penalty adjudged by the principal shall be enforced until another determination is made after the appeal.

There is no "between seasons". The next season begins immediately following the final contest of the preceding activity season.

Students must complete a drug and alcohol assessment as stated above before reinstatement, unless it is deemed impossible to do so by the principal.

A student can be a first offender only once, unless a calendar year takes place, during which the student commits no infractions, in which case he/she would then be considered as having a "clean slate".

Violation of a Civil Law Violation of a civil law or any act not covered by the above policies will be dealt with on an individual basis by the principal, using the general guidelines above.

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Keep for Your Reference

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">● Headaches● “Pressure in head”● Nausea or vomiting● Neck pain● Balance problems or dizziness● Blurred, double, or fuzzy vision● Sensitivity to light or noise● Feeling sluggish or slowed down● Feeling foggy or groggy● Drowsiness● Change in sleep patterns | <ul style="list-style-type: none">● Amnesia● “Don’t feel right”● Fatigue or low energy● Sadness● Nervousness or anxiety● Irritability● More emotional● Confusion● Concentration or memory problems (forgetting game plays)● Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Touchet School District
Keep for Your Reference

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

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

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

and

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

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

RETURN TO PARTICIPATION PROTOCOL

If your child has been diagnosed with a concussion they MUST follow a progressive return to participation protocol (under the supervision of an approved health care provider) before full participation is authorized.

The return to play protocol may not begin until the participant is no longer showing signs or symptoms of concussion. Once symptom free, the athlete may begin a progressive return to play. This progression begins with light aerobic exercise only to increase the heart rate (5-10 minutes of light jog or exercise bike) and progresses each day as long as the child remains symptom free. If at any time symptoms return, the athlete is removed from participation.

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

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

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

MEDICAL EMERGENCY AUTHORIZATION FORM

TO BE COMPLETED BY PARENT AND RETURNED TO SCHOOL DISTRICT OFFICE

Name of Student Athlete _____ Birthdate _____

Known allergies _____

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

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Parent's Home Phone _____ Cell Phone _____

Father's Work Phone _____ Mother's Work Phone _____

Family Physician's Name _____ Phone _____

Emergency Contact Person (other than parent)

Name _____ Phone _____

Relationship of contact person _____

2nd Emergency Contact Person (other than parent)

Name _____ Phone _____

Relationship of contact person _____

Name of Family Insurance Company _____

STUDENT ATHLETE HISTORY AND PHYSICAL EXAMINATION

Exam Date: _____

Name: _____ Birth Date: _____ Sex: M F Grade: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Family Physician: _____

To the Parent: Please complete the Health History.

HISTORY

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

Date of most recent Tetanus Booster _____ If due, please obtain with athletic physical.

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

Parental Permission: I give permission for the above named child to participate in the sport(s) approved by the Examiner under the auspices of Touchet Public Schools, and authorize the coach or other responsible official to obtain emergency medical care for my child should such become necessary during participation and I am not immediately available.

Date: _____ Parent Signature: _____

PHYSICAL EXAMINATION

Name _____

Optional

Age: _____ Pulse: _____

Height: _____ Blood Pressure: _____

Weight: _____ Visual Acuity: Left 20/ _____
Right 20/ _____

Urinalysis:
Body Fat %
HCT:
EST VO2 Max:
Audiometry:

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.	Genitalia	<input type="checkbox"/>	_____
<input type="checkbox"/>	9.	Neurologic	<input type="checkbox"/>	_____
<input type="checkbox"/>	10.	Skin	<input type="checkbox"/>	_____
<input type="checkbox"/>	11.	Physical Maturity	<input type="checkbox"/>	_____
<input type="checkbox"/>	12.	Spine, Back	<input type="checkbox"/>	_____
<input type="checkbox"/>	13.	Shoulders, Upper extremities	<input type="checkbox"/>	_____
<input type="checkbox"/>	14.	Lower extremities	<input type="checkbox"/>	_____

Assessment: Full participation
 Limited participation (describe limitations, restrictions):

Participation contraindicated (list reasons):

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

DATE: _____

EXAMINER'S SIGNATURE: _____

EXAMINER'S PHONE: () _____

PRINT EXAMINER'S NAME: _____