

Olympia School District
**MIDDLE SCHOOL STUDENT ATHLETIC/ACTIVITY
REGISTRATION**

____ JEFFERSON ____ MARSHALL ____ REEVES ____ WASHINGTON

Student Athlete Legal Last Name: _____ First Name: _____ MI: ____

Grade: ____ Age: ____ Birthdate: _____ Gender: _____

Student Athlete Physical Address: _____ City: _____ Zip: _____

Parent/Guardian Legal Address (if different): _____ City: _____ Zip: _____

Parent Phone: _____ Parent E-Mail Address: _____

Emergency Contact: _____ Home Phone: _____ Cell Phone: _____

ATHLETIC/ACTIVITY PARTICIPATION CHECKLIST

FALL SPORTS

- Soccer (Boys)
- Volleyball (Girls)

WINTER I & II SPORTS

- I Basketball (Girls)
- I Wrestling
- II Basketball (Boys)
- II Soccer (Girls)

SPRING SPORTS

- Track/Field (7/8)/Intramural (6)

ELIGIBILITY QUESTIONS

- Yes No Do you live within the attendance area of the school you are enrolled in?
- Yes No Do you reside with your parents/guardian **and** at their legal address, as listed above?
- Yes No Did you attend school full-time last semester?
- Yes No Are you currently enrolled as a full-time student?
- Yes No Did you pass and earn credit in all of your classes in the previous semester?
- Yes No Are you a new student to this middle school? **If YES** where did you last attend? _____
- Yes No Are you currently enrolled in Home-Based education?
- Yes No Are you currently enrolled in a private or alternative school (without athletics) or an On-Line school?

Providing false information will result in the loss of athletic eligibility and may result in the forfeiture of team games.

Parent/Guardian Signature: _____

Date: _____

Student Athlete Signature: _____

Date: _____

MIDDLE SCHOOL ATHLETIC/ACTIVITY PERMISSION TO PARTICIPATE AND ASSURANCE

As the parent/guardian of _____, I hereby give my consent for
(please print student athlete full legal name)

my child to participate in the approved athletic/activity program(s) of the Olympia School District and to accompany their team to contests located both locally and out-of-town.

NOTE: Based on schedules, parents/guardians maybe responsible to provide or arrange for transportation to and from practice and competition within the boundaries of the Olympia, North Thurston and Tumwater School Districts.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

ACCIDENT INSURANCE – PARENT/GUARDIAN RESPONSIBILITY

Parent/Guardian Name: _____
(please print)

I recognize that in case of injury to my child, medical treatment may be required and that the cost of the treatment is my responsibility and not the responsibility of the Olympia School District. I also recognize that the Olympia School District does not carry primary medical insurance for such injuries and is not responsible for any cost relating to treatment. I further understand that I am responsible for providing adequate medical coverage in the event my child is injured while participating in student athletic/activity programs offered by the Olympia School District.

YES, my child has adequate insurance coverage with:

Medical Insurer _____

Dental Insurer _____

PLEASE NOTIFY THE SCHOOL IF THERE IS A CHANGE IN COVERAGE DURING THE DESIGNATED ATHLETIC SEASON

NO, I do not have adequate insurance coverage and wish to enroll my child in the program endorsed by the Olympia School District for the current year and will complete the application process and pay for the coverage prior to the first day of practice (**participation is not allowed until coverage is verified**).

NO, I do not have insurance coverage but will be fully responsible for the cost of any and all treatment my child may require as a result of injury from participation in student athletic/activity program(s) directed by the Olympia School District. I further understand and agree that the cost of any treatment is not the responsibility of the Olympia School District if I choose not to have insurance coverage for my child.

I understand the above statements and accept the full responsibility for my child's participation in the Olympia School District Student Athletic/Activity Program(s) and any medical treatment expense resulting from their participation.

Parent/Guardian Signature: _____ Date: _____

MIDDLE SCHOOL STUDENT ATHLETIC/ACTIVITY ASSUMPTION OF RISK AND RELEASE

The purpose of this notice is to aid you, the parent/guardian in making an informed decision as to whether your child should participate in student athletic/activity programs offered by the Olympia School District and as a condition of such participation, sign the foregoing *Assumption of Risk and Release*. In addition, its purpose is to make you aware that as a student athlete/activity participant and as a parent/guardian of the student athlete/activity participant, it is your responsibility to learn about and/or inquire of coaches, physicians, advisors, or other knowledgeable persons about any concerns you may have at any time regarding safety and participation.

Participation in student athletics/activities such as soccer, basketball, volleyball, basketball, track and field, and wrestling activities is voluntary and extracurricular. Further, based on schedules, it may be the responsibility of the parent/guardian to provide or arrange for, transportation of their child to and from practice and competition within the boundaries of the Olympia, North Thurston and Tumwater School Districts. As a condition to participate in these activities, the student athlete/activity participant and parent/guardian must agree to assume the risk of injury or death involved in all phases of this activity and agree to release the Olympia School District from liability for ordinary negligence in the conduct of these programs.

I, _____ as a student athlete at ___ JMSS ___ MMS ___ RMS ___ WMS
Student Athlete Full Legal Name (please print)

and I, _____ as the parent/guardian of the above named
Parent/Guardian Name (please print)

student athlete understand that participating in athletics/activities program(s) is voluntary and does involve the risk of injury or death. I, the student athlete also understand that by participating in the athletic/activity program(s), I am subjecting myself to the possibility of injury or death.

We agree to assume all the risk of injury or death associated with the Olympia School District's athletic/activity program(s), including but not limited to, practice, competition, approved events and transportation by the district or by parent/guardian/assignee or student athlete as associated with approved practice, competition and/or approved events; we further agree to release the Olympia School District, its' employees, agents, representatives, coaches, and volunteers from any liability resulting from ordinary negligence that may arise in connection with the District's athletic/activity program(s). We agree that the terms hereof shall serve as an assumption of risk and a release for all members of our family, for heirs, estate, executors, administrators, assignees, indemnitors, subrogees, or other releases; and we further agree that if any part of the *Assumption of Risk* is held void, the remainder shall continue in full force and effect.

CAUTION:

By signing the *Assumption of Risk and Release*, we acknowledge that we have read and understand its contents and warnings, and that we agree to its terms.

Student Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

MIDDLE SCHOOL STUDENT ATHLETIC/ACTIVITY MEDICAL EMERGENCY AUTHORIZATION

STUDENT ATHLETE FULL LEGAL NAME (please print): _____

GRADE: _____ SEASON: FALL WINTER SPRING SPORT: _____

CONTACT INFORMATION

Parent/Guardian(s): Name (print): _____

Name (print): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Email Address: _____

Alternate person to be notified in case of an emergency:

Full Name: _____ Relationship: _____
(please print)

Alternate Person Phones: (H) _____ (W) _____ (C) _____

EMERGENCY TREATMENT CONTACT

Physician of Choice (please print): _____ Phone No. _____

Preferred Hospital: _____ Phone No. _____

STUDENT/ATHLETE'S MEDICAL INFORMATION

Date of Birth: _____

Allergies: _____ Epi-pen? Yes No Where will it be located? _____

Asthma: _____ Inhaler? Yes No Where will it be located? _____

Chronic Illness:

Regular Medications:

Insurance Provider: _____

I, _____ authorize all medical, surgical, diagnostic, and hospital procedures
Parent/Guardian Name (please print)

as may be performed or prescribed by a treating physician for _____ if I
(Child's Full Legal Name (please print))
cannot be reached in the case of an emergency.

Parent/Guardian Signature: _____ Date: _____

This form will be given to your child's coach so they can refer to the information provided in the event of an emergency.

SUDDEN CARDIAC ARREST

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 participation.

What Causes SCA? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited and can develop as an adolescent. SCA is more likely during exercise or physical activity, placing students with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball,) or by chest contact from another player.

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 licensed health care provider is recommended.

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath during exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset of heart disease or sudden death from a heart condition before age 40.

How to Prevent and Treat SCA. A thorough heart screening evaluation can detect some heart conditions at risk for SCA. 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).

Remember, to save a life: recognize Sudden Cardiac Arrest (SCA), call 9-1-1, begin CPR and use an AED as soon as possible!

PLEASE READ REVERSE SIDE FOR INFORMATION ON
CONCUSSION/HEAD INJURY

CONCUSSION / HEAD INJURY

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

What are the Signs and Symptoms of a Concussion?

Signs Observed

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets instructions
- Is unsure of known facts
- Moves clumsily
- Answers questions slowly
- Lost consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to or after event

Symptoms Reported by the Athlete

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

How can you help Prevent a Concussion? Every sport is different, but there are steps you can take to protect against a concussion.

- Ensure that Coaches' rules for safety and rules of the sport are followed.
- Make sure the proper equipment is worn, correctly fitted and maintained.
- Learn and be aware of the signs and symptoms of a concussion.

What should be done if you Suspect a Concussion?

- Seek medical attention immediately.
- Do not return to play until cleared by a licensed health care provider trained in concussion management.
- Tell the Coach and School-Licensed Athletic Trainer about any recent, or suspected, head injuries and/or concussions.

For additional information on Sudden Cardiac Arrest or Concussion/Head Injury please contact your school's licensed athletic trainer (high schools), or family health care provider.

Olympia School District

CONCUSSION/HEAD INJURY AND SUDDEN CARDIAC ARREST ACKNOWLEDGEMENT

The purpose of this *Acknowledgement* form is to confirm that you have received, read and understand the contents and warnings provided to you by the Olympia School District related to potential Concussion/Head Injury and Sudden Cardiac Arrest (SCA) which may occur during participation in student/athletic/activity programs(s).

I, _____ as a student at _____
(Please Print) (Please Print)

and I _____ as the parent/legal guardian of
(Please Print)

_____ have read the information/material provided
(Please Print)

to us by the Olympia School District related to *Concussion/Head Injury and Sudden Cardiac Arrest (SCA)* during participation in athletic/activity programs and understand its contents and warnings.

Student Athlete Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

We were provided a copy of the Olympia School District "*Information Sheet for Parents/Legal Guardians and Athletes: Concussion/Head Injury and Sudden Cardiac Arrest (SCA)*".

Reference: SB 5083
HB 1824 (RCW 28A.600 & RCW 4.24.660)
OSD Policy 3422