

# Winter Sports 2016-2017 Garfield Athletics Packet Eligibility Checklist

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

Grade Level \_\_\_\_\_ (during 2016-17) Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Contact Email: \_\_\_\_\_

Name of school(s) you are/were attending this school year \_\_\_\_\_

Name of school you last attended in June 2016: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Check all that are true:

- I am attending a Private School (cross enrolled for Athletics only)
- I am attending a Home School Program (cross enrolled for Athletics only)
- I am attending an Alternative School (MCHS, Southlake, Interagency—cross enrolled for Athletics only)
- I am a Foreign Exchange Student
- I am a Running Start Student
- I transferred to GHS from another high school during the last school year 2015-2016. Month/Year Entered \_\_\_\_/\_\_\_\_
- I transferred to GHS from another high school during the current school year 2016-2017 Month/Year Entered \_\_\_\_/\_\_\_\_
- I am currently enrolled in less than 5 classes (earning < 2.50 credits)

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**Athletic Forms/Paperwork Deadline:** Completed Winter Season Athletic Registration Packets and Physical forms are due by Monday, November 7, 2016 in the Garfield main office. Incomplete forms will not be accepted. Forms are available on the Garfield website: [www.garfieldhs.seattleschools.org](http://www.garfieldhs.seattleschools.org). Click Student Activities > Athletics > Winter 3A Sports > Select Sports Registration. Print out packet, complete it and sign. If you are also registering for a Spring sport, you will need to download and submit the single "Parent/Guardian Release and Safety Guideline" form for the other sport you will be trying out for and include it with your Winter sport packet. Physicals are valid for 24 months from the "exam date". See Ms. Hauser if you are unsure if your physical on file is still valid and/or its expiration date.

**Winter Sports Tryouts:** Tryouts and practices will begin on the following dates:

Monday, Nov. 7th: *G. Gymnastics* : Mon., Nov. 14th: *B&G Basketball, B.Swimming; Coed Wrestling*

**Entering Students Who are New to Seattle Public Schools this Year :** Please submit a copy of your most recent report card and/or most recent transcript which includes June 2016 or January 2017 final grades, with your athletic packet.

( ) **ASB Activity Fee Paid:** All students are required to pay a one-time \$50.00 ASB fee in order to participate in sports and activities. Only payment in **cash, money order, or bank cashier's check** will be accepted—**No Personal Checks**. Ms. Hurd, Fiscal Secretary, will accept payments for the ASB fees starting on August 1, 2016. Students will need to take their receipt to the athletic secretary, Ms. Hauser so that proof of payment can be entered on their athletic paperwork. This will make them eligible to participate and their name will be entered on the team tryout roster.

( ) **Book Fines Cleared:** Book fines and unpaid fees have to be cleared in order to participate on an athletic team. Please pay to Ms. Hurd in the Main Office **with cash only**. Fines incurred at previous SPS schools must be paid directly to those schools (middle and elementary) so that the previous school can clear their fines from the Destiny System.

**QUESTIONS?** *Athletic Paperwork:* Gert Hauser 206.252.2279 *Eligibility:* Ed Haskins, Athl. Director 206.252.2314  
[ghauser@seattleschools.org](mailto:ghauser@seattleschools.org) [elhaskins@seattleschools.org](mailto:elhaskins@seattleschools.org)

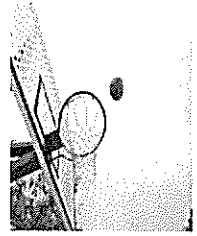


SEATTLE  
PUBLIC  
SCHOOLS

Athletic  
Department

## PARENT/GUARDIAN RELEASE FORM

### Basketball Safety Guidelines



Seattle Public Schools strives to protect each student-athlete from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student-athlete and others from injury and/or illness. Participants and their parents/guardians should recognize that conditioning, nutrition, proper techniques, safety procedures, and well fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of Seattle Public Schools field trip policy and the activity coach.

Sport guidelines are as follows:

- Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
- Advise the coach if you are ill or have any prolonged symptoms of illness.
- Advise the coach if you have been injured.
- Engage in warm-up activities prior to strenuous participation
- Be alert for any physical hazards in the locker room or in or around the participation area. Advise the coach of any hazards or concern.
- Be aware of court surroundings, i.e., obstacles, projections, bleachers, standards, etc..

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 Program.

I am aware that **basketball** is a high-risk sport and that practicing or competing in **basketball** will be a dangerous and unpredictable activity involving *MANY RISKS OF INJURY*. I understand that the dangers and risk of practicing and competing in **basketball** include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risk of practicing or competing in **basketball** 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.

We agree that neither the school district, nor the staff of the Seattle Public Schools, nor the student organization of the Seattle Public Schools shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the District. We further agree that neither the District nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date



**ATHLETIC REGISTRATION & PHYSICAL FORM  
SEATTLE SCHOOL DISTRICT ATHLETIC DEPARTMENT**

\_\_\_\_\_

Id Number

**SECTION I: INFORMATION**

F

M

\_\_\_\_\_

Birth Date

Grade

Student-Athlete Name: \_\_\_\_\_  
Last First Middle Initial

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

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

#1 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

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

#2 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Medications in use \_\_\_\_\_ Medicine Allergic to \_\_\_\_\_

School attended last year: \_\_\_\_\_  
School Name City/State

Private School Student:  yes  no If yes, school name: \_\_\_\_\_

**SECTION II: MEDICAL EMERGENCY AUTHORIZATION**

Name of Student Athlete \_\_\_\_\_ School \_\_\_\_\_

I hereby grant permission to the Athletic Trainer Sports Service Provider and Team Physicians, or other physicians designated by the above named school and Parent/Guardian to provide my child with any medical care or surgical care that they deem reasonably necessary to my child's health and well being as a result of injuries or other medical conditions occurring as the result of or during athletic activities.

I further authorize the Athletic Trainer Sports Service Provider's who are under the direction and guidance of a physician to provide my child with any preventive, first-aid, rehabilitative or emergency treatment they deem reasonably necessary to my child's health and well being as a result of injuries or other medical conditions occurring as the result of/or during athletic activities.

If reasonably necessary to provide the care described in the preceding two paragraphs, I grant permission to the Athletic Trainer Sports Service Provider and/or school officials to seek necessary treatment at a hospital or health care center.

Person to call in case of injury \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

→ \_\_\_\_\_  
Parent/Guardian Signature Date

**SECTION III: SPORT INJURY RISK PARENT CONSENT**

Student may participate in a maximum of three (3) sports, one per sport season. Please indicate your choice(s) by placing a check mark in the box next to the selected sport(s). *Please see attached Sport Risk/Injury Parent Consent forms for approval of chosen sports for your son/daughter:*

Fall:  X Country  Football  Golf  G/Soccer  G/Swimming

HS Volleyball  MS Ultimate Frisbee

Winter:  Basketball  Gymnastics  B/Swimming  Wrestling

Spring:  Baseball  B/Soccer  Softball  Tennis  Track

MS Volleyball

Cheer Squad  Yes  No

Additional Sport/Activity \_\_\_\_\_

**SECTION IV: MANDATORY ATHLETIC INSURANCE**

I understand that my son/daughter may not participate in boys' or girls' after-school athletics unless he/she is covered by the approved Seattle School District Athletic Insurance Program or by an equivalent plan which provides benefits for loss due to a covered injury with a minimum benefit of \$25,000 for each injury including the following minimum provisions:

- o Surgery..... 50% of usual and customary charges/\$12,000 maximum
- o Physician Visits..... \$40 per day for first visit and \$25 for following visits
- o Emergency Room..... 60%
- o X-Rays..... 60% or up to \$500
- o +MRI and CAT scan..... +80% or up to \$500
- o Dental..... 100% of usual and customary charges/\$12,000 (all teeth)  
- separate plan with one limit

*Please check one of the options and then sign below*

Option 1:  My son/daughter is currently enrolled in the approved Seattle School District Student Accident and Health Insurance Program.

OR

Option 2:  My son/daughter is covered by a plan that is equivalent or better than the above requirements and I will continue to keep it in force throughout the sports season; therefore, I do not wish to enroll my son/daughter in the Seattle School District Athletic Insurance Program (high school) or the Seattle School District regular school insurance program (middle school).

Name of Company Providing Coverage	Policy Number or Employee Name
→ _____	_____
Parent/Guardian Signature	Date

**SECTION V: PHYSICAL EXAMINATION**

Washington Interscholastic Activities Association (WIAA) regulation 18.13.0 requires that prior to the first practice for participation in interscholastic athletics a student shall undergo a thorough medical examination and be approved for middle level and/or high school interscholastic athletic competition by a medical authority licensed to perform a physical examination. This physical examination must include, but is not necessarily limited to:

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

WIAA regulation 18.13.5 states that for each subsequent twenty-four *consecutive* months, the student shall furnish a statement or physical examination form signed by a medical authority licensed to perform a physical examination that provides clearance for continued athletic participation.

The Seattle School District provides Equal Educational and Employment Opportunity without regard to race, creed, color, national origin, sex, handicap/disability or sexual orientation.

If you have questions, regarding the school district's Affirmative Action Policy, call 206-252-0371.

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_  
 Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.  
 Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	27. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	28. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	30. Do you have groin pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	32. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your heart ever race or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you had a herpes or MRSA skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you get lightheaded or feel more short of breath than expected during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you have a history of seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had an unexplained seizure?	<input type="checkbox"/>	<input type="checkbox"/>	37. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you get more tired or short of breath more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>	39. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you get frequent muscle cramps when exercising?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>	42. Do you or someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?	<input type="checkbox"/>	<input type="checkbox"/>	43. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>	44. Have you had any eye injuries?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	47. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	48. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)	<input type="checkbox"/>	<input type="checkbox"/>	49. Are you on a special diet or do you avoid certain types of foods?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you regularly use a brace, orthotics, or other assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	50. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you have a bone, muscle, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>	51. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
24. Do any of your joints become painful, swollen, feel warm, or look red?	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b>		
25. Do you have any history of juvenile arthritis or connective tissue disease?	<input type="checkbox"/>	<input type="checkbox"/>	52. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

Date of  
EXAM: \_\_\_\_\_

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/	( / )	Pulse Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic <sup>c</sup>			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction  
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature of physician \_\_\_\_\_, MD or DO

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

Not cleared

Pending further evaluation

For any sports

For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of physician \_\_\_\_\_, MD or DO

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

Other information \_\_\_\_\_







## Seattle Public Schools

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

Seattle Public Schools believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

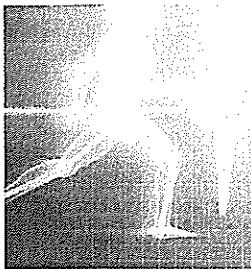
With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

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 Seattle Public School athletics. 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.**

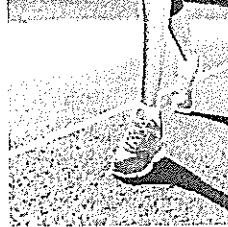
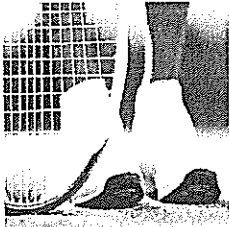
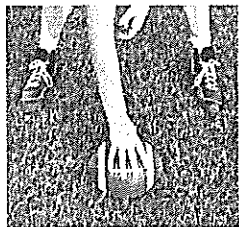
_____	_____	_____
<i>Student Name (Printed)</i>	<i>Student Name (Signed)</i>	<i>Date</i>
_____	_____	_____
<i>Parent Name (Printed)</i>	<i>Parent Name (Signed)</i>	<i>Date</i>



# Sudden Cardiac Arrest

## Information Sheet for Student-Athletes, Coaches and Parents

SSB 5088 - SCA Awareness



**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*

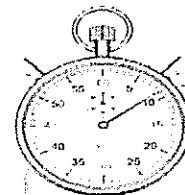
**What causes sudden cardiac arrest?** SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes 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!**

Seattle Public Schools  
Concussion Information Sheet

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.

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

<b>Signs observed by teammates, parents and coaches include:</b>
<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> <li>• Slurred speech</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> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>

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

## Seattle Public Schools Concussion Information Sheet

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 athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to 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.**

## GARFIELD HIGH SCHOOL DRIVER CONSENT

There will be times when Seattle Public Schools or bonded transportation will not be available for sports practices and/or games. In this instance, private vehicles will have to be used, driven by students as well as adults. Written and signed permission from each athlete's parent/guardian for the student to be transported by private vehicle must be on file at Garfield. Each vehicle operator must be licensed and carry liability insurance coverage. If the athlete or student is the driver, the parent/guardian and student driver must sign the Student Driver consent below. All automobiles used for transportation must be insured and in safe operating condition.

### PARENT/GUARDIAN PERMISSION FOR ATHLETIC EVENTS

I hereby give my consent for \_\_\_\_\_ (name of student) to be transported by private vehicle for athletic practices, games, interschool competitions and other related activities when bonded transportation is not available during the sport season. I agree to release the Seattle Public School District, its employees, agents, representatives, coaches and volunteers from any liability in connection with being transported by private vehicle.

\_\_\_\_\_  
Date

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

### STUDENT DRIVER CONSENT

I consent to \_\_\_\_\_ (name of student ) transporting students by private vehicle for athletic practices, games, interschool competition, and other related activities during the sport season and affirm the following:

- 1 Student has a valid driver's license
- 2 Vehicle is in a safe, serviceable operating condition
- 3 Vehicle has seat belts for each passenger
- 4 Vehicle liability insurance is in effect
- 5 I am aware that the District's vehicle liability insurance will not be in effect

\_\_\_\_\_  
Date

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

**Parent/Guardian  
High School Extracurricular  
Athletic Transportation Form**



\_\_\_\_\_  
Name of Student *(Please Print)*

\_\_\_\_\_  
Name of Parent/Guardian *(Please Print)*

Extracurricular sports in which Student wishes to participate: \_\_\_\_\_ School year **2016-17**

Enter additional sports here \_\_\_\_\_

I am the parent or guardian of the student identified above. I wish for my student to participate in the elective extracurricular athletic program identified above.

I understand that practices or competitions for this elective athletic program may be conducted at a location away from my student's campus. I understand that in certain circumstances the District may provide transportation to and/or from such practices or competitions. In requesting that my student be permitted to participate in this elective athletic program, I agree that my student will ride in District-provided transportation when the District requires my student to do so. Exceptions will be allowed only for bona fide academic reasons (e.g. sixth period quiz), with my advance written authorization.

I further understand that in certain circumstances the District may not provide transportation for such practices or competitions. In requesting that my student be permitted to participate in this elective athletic activity, I agree that in those circumstances where the District will not provide transportation to such practices or competitions, I assume full responsibility for personally transporting my student, or for arranging transportation of my student, to and from such practices or competitions.

I acknowledge that if I elect not to personally drive my student to and from a practice for which the District does not provide transportation, any decision I may make to instead to allow my student to drive him or herself, or to ride in a vehicle driven by the parent or guardian of another student participant, or to ride in a vehicle driven by another student participant, is solely an exercise of my discretion as a parent or guardian. I acknowledge that the assessment and decision whether it is safe to allow my student to drive to or from a particular practice, or to ride with another parent or guardian or student driving, is a family assessment and decision to be made by me or between me and my student.

By requesting permission for my student to participate in this elective athletic program, I agree that no person driving my student to or from an athletic practice for which the District is not providing transportation shall be considered an agent or servant of the District, in any respect or for any purpose, while driving my student to or from such a practice. Further by requesting permission for my student to participate in this elective athletic program, I agree that should any claim be made against the District based on the driving conduct of any such person while that person is providing transportation for my student, I will defend, indemnify, and hold the District harmless as to such claim.

X \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_ Date Signed

Signed Original:  
Copy:

To be filed with principal/designee prior to start of practices for activity  
Coach/Advisor

# Seattle Public Schools

## Parent/Guardian Authorization for Day Field Trip

**Directions:**  
**SPS Staff:**

- 1) Use one form per trip.
- 2) Complete the School Portion of form on page 1.
- 3) Duplicate one form per student.
- 4) Send a copy home for parent and student signatures.
- 5) During the field trip, the signed, original form must be carried by the lead chaperone and a photocopy must be left on file in the school office.

**Students:**

- 1) Complete the "Student Agreement" on page 1.

**Parent / legal guardian, if student is under 18 years of age, or student, if at least 18 years old:**

- 1) Complete the "Authorization & Acknowledgement of Risks" section on page 2.
- 2) Complete the "Medical Authorization" section on page 2.

<b>TO BE COMPLETED BY THE SCHOOL</b>	<b>School Name:</b> <u>Garfield</u>	<b>Student Name:</b> <u>X</u>
	<b>Date(s) of Trip:</b> <u>During the Sports Season</u>	<b>Destination:</b> <u>Games and/or Practices</u>
	<b>Purpose(s):</b> <u>Athletics</u>	
	<b>List of Activities:</b> <u>Athletic Team Games + Practices</u>	
	<b>Supervision:</b> (Check One) <input type="checkbox"/> Students will be directly supervised by adult chaperones on this trip at all times. <input type="checkbox"/> Students will be directly supervised by adult chaperones on this trip with the following exceptions:	
	<b>Mode of Transportation:</b> (Check all that apply.) <input type="checkbox"/> walking <input checked="" type="checkbox"/> school bus <input type="checkbox"/> public transit <input checked="" type="checkbox"/> Other	
	<b>Students will leave from:</b> <u>varies</u> at <u>designated time</u> (where) (time)	
	<b>Students will return to:</b> <u>varies</u> at about <u>designated time</u> (where) (time)	
	<b>Chaperone(s) in Charge:</b> <u>Coach</u>	
	<b>Chaperone/Student Ratio:</b> _____ (max. ratio for K-5, 10:1; max. ratio for Grades 5+, 15:1)	
<b>TO BE COMPLETED BY THE STUDENT</b>	<b>STUDENT AGREEMENT</b>	
	While participating in this field trip, I understand I will be a representative of SPS and my school community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by school based rules and the <i>Basic Rules of Seattle Public Schools – Code of Prohibited Conduct</i> .	

X  
Student Signature

X  
Date

( Please Complete and Sign )

### AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

I understand that my/my child's participation in this field trip is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the field trip (on page 1 of this form) and authorize myself/my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my/my child's participation in this field trip, from the moment that my student is under Seattle Public Schools (SPS) supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless SPS and any of the individuals and other organizations associated with SPS in this field trip from any claim or liability arising out of my/my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Seattle Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I understand that SPS is not responsible for my/my child's supervision during such periods of time when I/my child may be absent from a SPS supervised activity. Such occasions are noted in the "Supervision" section on page 1 of this agreement.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the SPS Student Rights & Responsibilities, and to abide by all decisions made by teachers, staff, and those in authority. I agree that SPS has the right to enforce these rules, standards, and instructions. I agree that my/my child's participation in this field trip may at any time be terminated by SPS in the light of my/my child's failure to follow these regulations, or for any reason which SPS may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

### MEDICAL AUTHORIZATION

I certify that I am/my child is in good physical and mental health and I have/my child has no special medical or physical conditions which would impede participation in this field trip.

I agree to disclose to SPS any medications and/or prescriptions which I/my child shall or should take at any time during the duration of the field trip.

In the event of serious illness or injury to my child/ward, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, I authorize the chaperones listed to act on my behalf as parent/guardian of my child/ward while participating in the above described trip including the admittance to and release from a medical facility.

\_\_\_ My child DOES NOT require medication during this trip.

\_\_\_ My child DOES require medication during this authorized trip.

If you checked yes, please describe in the space below the type of medication and the required administration of this medication. If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

*If the applicant is at least 18 years of age, the following statement must be read and signed by the student:*

I certify that I am at least 18 years of age, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*If the applicant is under 18 years of age, the following statement must be read and signed by the student's parent or legal guardian:*

I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: \_\_\_\_\_ to participate in all aspects of this trip.  
(student

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*The student, if at least 18 years of age, or the parent/legal guardian must complete the information below:*

Print First and Last Name: \_\_\_\_\_

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

Telephone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency Contact's First and Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact's Telephone #s: \_\_\_\_\_

TO BE COMPLETED BY THE PARENT/GUARDIAN OR STUDENT



# Media and Photographic Release for Publication

## Please Sign and Return

Each year Garfield High School produces many items that include photographs of our students (and parents) during school activities including: athletic events, yearbook, video productions, newsletters, sports calendars, pictures on the Garfield website and WIAA website, to name a few. To do so, it is important that each student (family) has a Photographic Release Form on file.

*Please take a moment to fill out the bottom portion of this form and return it to Garfield along with the athletic packet .*

I, \_\_\_\_\_ for good and valuable consideration, the receipt of which is hereby acknowledged, hereby irrevocably authorize Garfield High School and the respective photographers to use photographs of me and or my family members and or my property, and authorize him/her assignees, licensees, legal representatives and transferees to use and publish (with or without my name, school name or with fictitious name) photographs, pictures, portraits or images herein described in any and all forms, and media in all manners including composite images or distorted representations, and the purposes of publicity illustration, commercial art, advertising, publishing (including publishing in electronic form on CDs or internet websites), for any product or services, or other lawful uses as may be determined by representatives of Seattle Public Schools, Garfield High School, Garfield PTSA, or the respective photographers. I further waive any and all rights to review or approve any uses of the images, any written copy or finished product. I have read and fully understand the terms of this release.

### Description of Images

Photographs taken during school events on location as well as off site. This may include still photographs as well as video footage. This includes images previously taken during school events.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I am the parent or legal guardian of the above mentioned minor and have the legal right and authority to execute the above release on behalf of the minor.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Seattle Public Schools Student Athletic Handbook Signature Page

A copy of the Seattle Public Schools' *Student Athletic Handbook* can be found on the Seattle Public Schools web site ([www.seattleschools.org](http://www.seattleschools.org)) and a link to the documents is also available on the Sports page of the Garfield High School web site ([www.garfieldhs.seattleschools.org](http://www.garfieldhs.seattleschools.org)). > click on Student Activities > Athletics > Eligibility Requirements > then scroll down to select Student Handbook.

I certify that I have been provided information to be able to access the online Seattle Public Schools *Student Athletic Handbook*. I will carefully review the information contained in the handbook and I agree to adhere to the policies and procedures set forth therein.

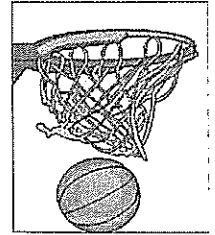
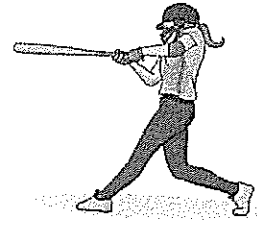
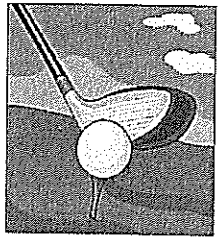
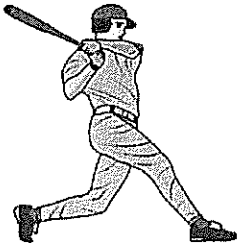
Athlete's Full Printed Name: \_\_\_\_\_ Grade \_\_\_\_\_

**Signature of Athlete:** \_\_\_\_\_

Parent/Guardian's Full Printed Name: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

Date: \_\_\_\_\_



# GARFIELD PTSA SPORTS BOOSTERS

## PARENT INFORMATION

Please share my contact information with the Garfield PTSA Sports Booster Club.

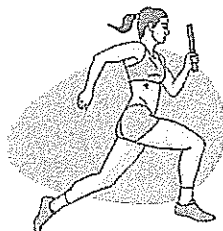
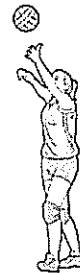
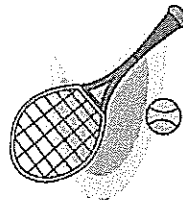
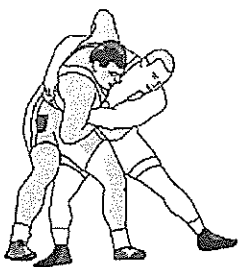
Parent Name \_\_\_\_\_

Parent Email \_\_\_\_\_

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

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

Sport 1 \_\_\_\_\_ Sport 2 \_\_\_\_\_ Sport 3 \_\_\_\_\_





# Garfield High School

## Agreement and Student Responsibility Form

(TO BE RETURNED WITH THE COMPLETED ATHLETIC REGISTRATION AND PHYSICAL FORM PACKET)

I have read and returned all of the necessary athletic registration paperwork. I understand that the following items are my responsibility:

1. I will make sure that my paperwork is complete and that I have read all of the documentation given to me. My incomplete paperwork will not be accepted.
2. I will notify the Athletic Secretary if I decide to turn out for a sport other than what I have listed so that roster changes can be made.
3. I will notify the Athletic Secretary if I decide to drop a sport altogether.
4. I will submit payment of the ASB Fee with my packet. I understand I will not be added to a team roster until I have taken care of my ASB fee. Payment for the Participation (Pay to Play) Fees is not required and is waived by the school district for the upcoming two school years.
5. I will maintain current medical insurance and a current physical. I understand I cannot participate in practice or game days without insurance or a current physical.
6. To qualify for eligibility status and participation in athletics, I will maintain a 2.0 grade point average. If I am elected to the Cheer Squad, I will maintain a 2.5 gpa. AND
7. I will be enrolled in 5 classes (2.5 credits) or more during the previous and current semester at Garfield High School.
8. I agree to return all sports uniforms and borrowed equipment at the end of the current season for which it was loaned to me.
9. I will return all overdue books and pay my fines before I can participate on a sports team.
10. If I attend a private school or am home schooled or attend an alternative school, I agree to participate in a sports program at the school closest to my home. (See Garfield Athletic Secretary for cross-enrollment paperwork and enrollment forms).
11. If I am a Running Start student, I understand that I need to be enrolled as a student at Garfield High School to participate in their athletic program. (See Garfield Athletic Secretary for WIAA Running Start Form)
12. I am aware of the following: **Administrative Removal from Extracurricular Activities for Disciplinary Reasons.** A student is subject to dismissal and/or restrictions from any and all extracurricular participation to include but not limited to athletic team, or sport; elected or appointed office, including cheer squad, dance team member, school activity, fieldtrip, club, event, etc.

Student Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent Signature\_\_\_\_\_ Date\_\_\_\_\_

## Garfield High School Athletics Program

# Student-Parent Athletic Participation Information and Contract

### Philosophy

Interscholastic athletics supplement and support the academic mission of the school district and assist students in their growth and development into young adults. Athletics assist in teaching the importance of teamwork, effort, goals and commitment. Interscholastic athletics are highly competitive, where winning is important, but not the primary goal of measuring success. Sportsmanship, respect for participants, and dignity in the face of adversity are more important than the outcome of the contest. All athletes do not perform at the same level, but all can demonstrate effort, dedication and fair play.

### Sportsmanship

An important mission of the interscholastic athletic programs is to teach and reinforce values relating to sportsmanship, competition, and fair play. It is expected that team personnel, parents and spectators respect this mission by exhibiting appropriate behavior at athletic events. Recognition is given annually to teams and schools, whose coaches, players and fans demonstrate a high degree of sportsmanship.

### Student Eligibility Requirements

Students must meet the following requirements to be eligible to participate. Participation of ineligible students shall result in individual and team sanctions, including forfeits for the team:

1. All participants are required to have a valid medical evaluation that is current and on file.
2. Students trying out for the team must complete and turn in ALL paperwork.
3. Students must achieve a minimum 2.0 grade point average and passing minimum of 5 classes for the most recently completed marking period. Academic eligibility is determined on the date report cards are issued and remains until the next grade report is issued—in 4 to 5 weeks.
4. Students must attend all of their scheduled classes in order to participate in a practice or contest on that day. If the principal or designee grants an excused absence in advance for a prescheduled activity, or an unforeseen emergency, the student may participate on that day.
5. In addition to other infractions, a student may be suspended or removed from a team for unexcused absences or chronic tardiness to classes or team practices.
6. Students who are 20 years old (or older), as of September 1<sup>st</sup> of the current school year are ineligible.
7. Students must satisfy school and school district participation standards.
8. Students should refer to the Student's Guide to Rights and Responsibilities for additional guidelines and regulations related to eligibility.

# Garfield High School

## Student-Parent Athletic Participation Contract

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

School: \_\_\_\_\_ Team(s): \_\_\_\_\_ School Year: \_\_\_\_\_

Parent and Student-Athlete: Please review this contract carefully (front and back), complete information as requested, sign, and return the completed contract form to the school.

### **Stipulations**

The Student-Athlete and his or her parent/guardian have received and read the student parent participation and athletic contract. Based on this information, the student and parent/guardian understand and stipulate to the following:

1. I/We understand the eligibility regulations required for participation.
2. I/We affirm that the student has satisfied all of the eligibility requirements, including age, residence, and academics.
3. I/We understand that participation of ineligible players will result in individual and team sanctions, including forfeits for the team.
4. I/We affirm that the student will exert effort to maintain a high level of academic achievement.
5. I/We affirm that the student will not participate in hazing of any kind, at any time.
6. I/We as a participant or spectator, will exhibit a high level of sportsmanship at contests.
7. I/We will follow appropriate procedures in communicating concerns to coaches.
8. I/We affirm that the student will abide by all team and participation standards.
9. I/We affirm that the student will not use steroids, illegal drugs, alcohol and tobacco unless medically prescribed for a specific condition or illness.

### **Team Standards**

1. Maintain academic standing and scholastic eligibility according to GHS policies
2. Display behavior that will add to the good name of the Garfield HS Athletic Department.
3. Attend all practices, meetings, and games unless ill or given prior permission to be absent by the coach.
4. Maintain good community and school relationships.
5. Comply with all school rules and policies
6. Display good sportsmanship at all times.

### **Communication with Coaches**

Parents/Guardians are asked not to address coaches immediately after games and practices. Coaches have many post game/practice responsibilities, including but not limited to reflecting on the game and decisions made, supervising the players and cleaning up. Also, the post-game/practice period is often emotionally charged, and not conducive to productive dialogues. If a parent feels a need to communicate a concern, the parent will need to contact the coach and/or athletic director to arrange a later meeting.

**Participation Standards**

Participation in interscholastic athletics is a privilege. Accordingly, students must meet certain standards in order to earn the privilege of participation. At a minimum, the following standards are required of all student-athletes.

1. Exhibit public behavior that will reflect positively on the team, school and community.
2. Exhibit responsible, respectful and trustworthy behavior to teammates and the coach.
3. Exert efforts to maintain a high level of academic achievement.
4. Comply with all team, school and school system rules, regulations and policies.
5. Exhibit appropriate behavior at all team and school-related activities.
6. Attend all team functions unless ill or given prior permission to be absent by the coach.
7. Respect and comply with decisions made by the coach and Athletic Department.
8. Respect calls and decisions made by game officials.
9. Display good sportsmanship at all times.
10. Report to the coach any issues or developments that may affect eligibility status.

**Drugs, Alcohol or Tobacco**

The use of drugs or alcohol is prohibited at all times during the school year. If it is verified that a student has illegally used or possessed alcohol or drugs, he/she will automatically be removed from the team and prevented from participating in the GHS athletic program for the remainder of the current sports season. Upon verification of a second violation, the student will be suspended from all athletic competition for the remainder of the school year. Verified distribution or selling will result in a 12 month suspension from all athletic competition. If it is verified that a student has used tobacco in any form, he/she will be suspended from the team for the next contest. If a second violation occurs, he/she will be removed from the team for the remainder of the sports season. If suspended for the remainder of the sports season or school year, no letter awards will be given to the suspended athlete.

For the purpose of this policy the term verification is defined as any of the following:

1. Self-admitted involvement by the student
2. Witnessed student involvement by the sponsor or an investigation by the coach, any GHS faculty member or the police, which provides evidence concluding that the student- athlete has participated in the alleged action.
3. Parent admission of their student’s involvement in tobacco, drugs, or alcohol.

**Garfield High School No-Hazing Policy** states that Athletes will not participate in the practice of hazing fellow students. No one is to be subjected to criticism, ridicule, embarrassment, intimidation, or verbal or physical abuse as an initiation practice. Anyone who participates in the hazing of fellow students will be subject to removal from the team for the remainder of the season.

**Please sign to indicate that you have read and understand the information contained in this contract:**

Print Athlete’s Name \_\_\_\_\_ Date \_\_\_\_\_

Athlete’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*In the event that both parents retain legal guardianship of the student, the signatures of both parents are required



# GARFIELD HIGH SCHOOL

## ATHLETIC EMERGENCY INFORMATION FORM

Please Print Neatly

Fall Sport \_\_\_\_\_ Winter Sport \_\_\_\_\_ Spring Sport \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_ Student's Home Phone \_\_\_\_\_

Student's Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Email \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Email \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone \_\_\_\_\_

Preference of Physicians:

1. \_\_\_\_\_ Telephone: \_\_\_\_\_ Location \_\_\_\_\_

2. \_\_\_\_\_ Telephone \_\_\_\_\_ Location \_\_\_\_\_

If neither physician is available, do we have your permission to take your student to another hospital or available physician: Yes \_\_\_\_\_ No \_\_\_\_\_

Hospital \_\_\_\_\_

Medical History / Allergies: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

