

OLYMPIA SCHOOL DISTRICT HIGH SCHOOL ATHLETIC/ACTIVITY REGISTRATION

___ CAPITAL

___ OLYMPIA

Student's Last Name: _____ First Name: _____ MI: _____ Phone: _____

Parent/Guardian's Legal Address: _____ City: _____ Zip: _____

Student's Physical Address (if different): _____ City: _____ Zip: _____

Grade: _____ Age: _____ Birthdate: _____ Male: _____ Female: _____

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

E-Mail Address(es): _____

ATHLETIC/ACTIVITY PARTICIPATION CHECKLIST

FALL SPORTS

☐ Cross Country
☐ Football
☐ Golf (Mens')
☐ Soccer (Womens')
☐ Swim (Womens')
☐ Tennis (Mens')
☐ Volleyball

WINTER SPORTS

☐ Basketball (Mens')
☐ Basketball (Womens')
☐ Gymnastics
☐ Wrestling
☐ Swim (Mens')
☐ Bowling (Womens')

SPRING SPORTS

☐ Baseball
☐ Fastpitch
☐ Golf (Womens')
☐ Soccer (Mens')
☐ Tennis (Womens')
☐ Track/Field

ACTIVITIES

☐ Cheer
☐ Drill
☐ Other _____
☐ Other _____
☐ Other _____
☐ Other _____

ELIGIBILITY QUESTIONS

YES NO

___ Are you currently enrolled at: ___ Capital ___ Olympia ___ JMS ___ MMS ___ RMS ___ WMS

___ Do you live within the attendance area of the school you indicated you are enrolled in?

___ Do you reside with your parents/legal guardian and at their legal address, as listed above?

***** For athletics, the Olympia School District defines a full-time student as enrolled in six (6) classes (by WIAA rule, seniors on track to graduate may have one less class).**

___ Did you attend school full time last semester?

___ Are you currently enrolled as a full time student?

___ Did you pass and earn credit in all of your classes in the previous semester?

___ Are you a new student to this high school or the Olympia School District IN THE PAST 12 MONTHS?
 If YES where & when di did you last attend? _____

___ Are you a Foreign Exchange student? If yes, what program? _____

___ Are you currently enrolled in Home-Based education?

**PROVIDING FALSE INFORMATION WILL RESLUT IN THE LOSS OF ATHLETIC ELIGIBILITY AND
MAY RESULT IN THE FORFEITURE OF TEAM GAMES**

Date: _____ Signature: _____
 Parent/Legal Guardian

Date: _____ Signature: _____
 Student/Athlete

ATHLETIC/ACTIVITY PERMISSION TO PARTICIPATE AND ASSURANCE

As the parent/legal guardian of _____, I hereby give my consent for my
Student/Athlete's Printed Name

child to participate in the athletic/activity programs listed above and to accompany their team to contests located both locally and out-of-town.

Date: _____ Printed Name: _____
Parent/Legal Guardian

Signature: _____
Parent/Legal Guardian

ACCIDENT INSURANCE - PARENT RESPONSIBILITY

Printed Name: _____
Parent/Legal Guardian's Name

I recognize that in case of injury to my child medical treatment may be required and that the cost of 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 athletic/activity programs offered by the Olympia School District.

____ **YES**, my child has adequate coverage with: (Medical) _____ Policy No. _____
(Please notify the school if there is a change during the season) (Dental) _____ Policy No. _____

____ **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 athletic/activity programs 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'S ATHLETIC/ACTIVITY PROGRAMS AND ANY MEDICAL TREATMENT EXPENSE RESULTING FROM THEIR PARTICIPATION.

Date: _____ Signature: _____
Parent/Legal Guardian

ATHLETIC/ACTIVITY ASSUMPTION OF RISK AND RELEASE

The purpose of this notice is to aid you in making an informed decision as to whether your child should participate in 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 participant and as a parent/legal guardian of the student 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 athletics/activities such as football, soccer, basketball, volleyball, bowling, fastpitch, baseball, cross country, basketball, golf, track and field, wrestling, tennis, swimming/diving, gymnastics, cheer, drill/dance, as well as other "non-sport" activities is voluntary and extracurricular. As a condition to participate in these activities, the student participant and parent/legal guardian must agree to assume the risk of injury or death involved in 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 at ____ CHS ____ OHS
Print Student's Name

and I, _____ as the parent/legal guardian of the above named student
Print Parent/Legal Guardian's Name

understand that participating in athletic/activity programs is voluntary and does involve the risk of injury or death. I also understand that by participating in the athletic/activity programs, 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 athletics/activities programs; 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 athletics/activities programs. 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, administrator, 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.

Date: _____

Signature: _____
Student's Signature

Date: _____

Signature: _____
Parent/Legal Guardian's Signature

**HIGH SCHOOL ATHLETIC/ACTIVITY MEDICAL EMERGENCY
AUTHORIZATION FORM**

STUDENT'S NAME (please print): _____

GRADE: _____ **SEASON:** ____ **FALL** ____ **WINTER** ____ **SPORT:** _____

CONTACT INFORMATION

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Parent/Legal Guardian(s): **Name:** _____
(please print)

Name: _____
(please print)

Parent/Legal Guardian(s) Phone #s: (H) _____ (W) _____ (C) _____

Alternate person to be notified in case of an emergency:

Full Name: _____ **Relationship:** _____
(please print)

Alternate Person's Phone #s: (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: _____ **Policy No:** _____

I, _____ authorize all medical, surgical, diagnostic, and hospital procedures as may be
Parent/Legal Guardian's Name (please print)

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

Date: _____ **Parent/Legal Guardian's Signature:** _____

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

INFORMATION SHEET FOR PARENTS/LEGAL GUARDIANS AND ATHLETES
SUDDEN CARDIAC ARREST
and
CONCUSSION/HEAD INJURY

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 (gasping). 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 NEXT PAGE 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.

Jeff Carpenter, Director
Health, Fitness and Athletic Programs
360-596-8544
jcarpenter@osd.wednet.edu

Olympia School District

**CONCUSSION/HEAD INJURY AND SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT**

The purpose of this Acknowledgement form is to confirm that you have read and understand the information provided to you by the Olympia School District related to potential Concussion/Head Injury and Sudden Cardiac Arrest (SCA) occurring during participation in athletic programs.

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 programs and understand its contents and warnings.

Signature of Student/Athlete

Date

Signature of Parent/Legal Guardian

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

Olympia School District
**STUDENT-ATHLETE AND PARENT
ACKNOWLEDGMENT**

The Olympia School District demands a very high standard of acceptable student athlete behavior. By participating in the athletic/activity programs, your child will be subject to the Athletic Code (OSD Policy 3202) during the school year, including in-season, out-of-season, and between seasons. The school year is defined as beginning with fall tryouts to the last day of school and will include any school-sponsored summer activities. Please take time to read and understand the "High School Student-Athlete Handbook", especially the expectations and consequences for being academically eligible/ineligible (being a full-time student and passing all classes) and the consequences for the use, transmission, possession of, and proximity to alcoholic beverages, drugs, chemical substance, and/or tobacco, vapes, or related devices. In addition, other violations of team, school/district, and/or WIAA rules, regulations, and discipline requirements may result in ineligibility.

I have read the 2016-2017 "High School Student Athletic Handbook" and am aware of, understand and agree to abide by the expectations, rules and regulations required of a participant in athletic/activity programs offered by the Olympia School District (including High School Athletic Code-OSD Policy 3202, Olympia School District Policy 3200 and WIAA Rules and Regulations).

Student's Legal Name: _____
(please print)

Date: _____

Student's Signature: _____

Parent/Legal Guardian's Signature: _____

<p style="text-align: center;">OSD ATHLETIC RELEASE OF DIRECTORY INFORMATION 2016-2017</p>
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☐ **Check and return only if you DO NOT want directory information specifically related to recognized school athletics/activities, released.**

The federal Family Education Rights and Privacy Act (FERPA) authorizes school districts to identify certain information as “directory information” which may be released publicly unless a parent/legal guardian indicates, in writing, they do not want such information released.

The Olympia School District Policy 3231 defines directory information as:

- Student Name, Address, and Phone number (unless unlisted)
- Date and Place of Birth
- Course/Field of Study
- Participation in officially recognized activities and sports**
- Weight and Height of athletic team members**
- Diplomas and Awards Received
- Schools Attended and Dates of Attendance
- Visual image (photograph)

Parents/Legal Guardians have the right to restrict the release of this “directory information”.

If you do not want your child’s “directory information” published; including, but not limited to photographs, or other visual and written communication tools specifically related to officially recognized school athletics/activities, please check below, sign and return this form to the school’s Athletic Office at the time of athletic clearance.

Please **DO NOT** publish my child’s visual image or other directory information, **as specifically related to officially recognized school athletics/activities**, to outside groups/individuals (e.g. parent groups, individuals, vendors, print/online or other media, etc.), or publish in the school yearbook, on team rosters, etc.

Note: These documents are often prepared by outside vendors/parent groups.

Student’s Legal Name (please print): _____

Parent/Legal Guardian’s Name (please print): _____

Date: _____

Student’s Signature: _____

Parent/Legal Guardian’s Signature: _____