

SOUTH WHIDBEY HIGH SCHOOL

ATHLETIC CHECK-OFF

2019-2020

Athlete is registered
For Free & Reduced meals

A separate packet must be filled out for each athlete each school year

(INCOMPLETE PACKETS WILL NOT BE ACCEPTED)
(ATHLETE WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT COMPLETED PAPERWORK AND CURRENT PHYSICAL ON FILE)

| | | |
|---|---|--------------------------------|
| LAST Name | FIRST Name | Grade |
| ASB Card \$25.00 | Paid <input type="checkbox"/> | Parent/Guardian email address: |
| Sports Fee* \$90.00-Football <input type="checkbox"/> \$75.00-All Other Sports <input type="checkbox"/> | | |

* 3RD SPORT IS FREE

Fall athletic packets are due by Friday, August 16, 2019 for football and Thursday, August 22, 2019 for all other sports. 1st day of practice for fall sports: Football: Wed. 8/21/19 All other fall sports: Mon. 8/26/19

| | | |
|--|--------------------------|---|
| <u>Fall sport (please check one)</u> | <u>Paid</u> | |
| <input type="checkbox"/> Football | <input type="checkbox"/> | Mark Hodson (mhodson@sw.wednet.edu) |
| <input type="checkbox"/> Volleyball - Girls | <input type="checkbox"/> | Mandy Jones (mjones@sw.wednet.edu) |
| <input type="checkbox"/> Cross Country - Boys/Girls (circle one) | <input type="checkbox"/> | Doug Fulton (dfulton@sw.wednet.edu) |
| <input type="checkbox"/> Tennis – Boys | <input type="checkbox"/> | Karyle Kramer (kkramer@sw.wednet.edu) |
| <input type="checkbox"/> Soccer – Girls | <input type="checkbox"/> | Terry Swanson (tswanson@sw.wednet.edu) |
| <input type="checkbox"/> Cheer | <input type="checkbox"/> | Angela Vosberg (avosberg@sw.wednet.edu) |
| | | Amy Goodman (agoodman@sw.wednet.edu) |

Winter athletic packets are due by Thursday, November 14, 2019

Or if you already played a sport, go to the ASB office to have your paperwork switched.

1st day of practice for winter sports: Monday, November 18, 2019

| | | |
|--|--------------------------|---|
| <u>Winter sports (please check one)</u> | <u>Paid</u> | |
| <input type="checkbox"/> Basketball – Girls | <input type="checkbox"/> | Jeff Hanson (jhanson@sw.wednet.edu) |
| <input type="checkbox"/> Basketball – Boys | <input type="checkbox"/> | Greg Turcott (gturcott@sw.wednet.edu) |
| <input type="checkbox"/> Wrestling | <input type="checkbox"/> | Robbie Bozin (rbozin@sw.wednet.edu) |
| <input type="checkbox"/> Cheer | <input type="checkbox"/> | Angela Vosberg (avosberg@sw.wednet.edu) |
| | | Amy Goodman (agoodman@sw.wednet.edu) |

Spring athletic packets are due by Thursday, February 27, 2020

Or if you already played a sport, go to the ASB office to have your paperwork switched.

1st day of practice for spring sports: Monday, March 2, 2020

| | | |
|--|--------------------------|--|
| <u>Spring sports (please check one)</u> | <u>Paid</u> | |
| <input type="checkbox"/> Baseball - Boys | <input type="checkbox"/> | Tom Fallon (tfallon3@sw.wednet.edu) |
| <input type="checkbox"/> Fastpitch - Girls | <input type="checkbox"/> | Brad Jaeger (bjaeger@sw.wednet.edu) |
| <input type="checkbox"/> Soccer – Boys | <input type="checkbox"/> | Emerson Robbins (erobbins@sw.wednet.edu) |
| <input type="checkbox"/> Tennis – Girls | <input type="checkbox"/> | Karyle Kramer (kkramer@sw.wednet.edu) |
| <input type="checkbox"/> Track - Boys/Girls (circle one) | <input type="checkbox"/> | Mark Eager (meager@sw.wednet.edu) |
| <input type="checkbox"/> Golf – Boys | <input type="checkbox"/> | Steve Jones (sjones@sw.wednet.edu) |
| <input type="checkbox"/> Golf – Girls | <input type="checkbox"/> | Joe Thompson (joethompson16@yahoo.com) |

SCHOOL INFORMATION:

| | | | | |
|---------------------|---|----------|-------|---------------------------|
| Athletic Director: | Paul Lagerstedt | 221-6808 | x5408 | plagerstedt@sw.wednet.edu |
| Athletic Secretary: | Renee' Bilyeu | 221-6808 | x5423 | rbilyeu@sw.wednet.edu |
| School Main Number: | 221-4300 | | | |
| School Fax Number: | 221-5797 | | | |
| School Website: | https://swhs.sw.wednet.edu/ | | | |

PLEASE SUPPORT AND DONATE TIME WITH THE BOOSTER CLUB BECAUSE THIS ORGANIZATION'S SUPPORT DIRECTLY HELPS KEEP THE PARTICIPATION FEES DOWN

South Whidbey High School Athletic Booster Club

swhsboosterclub16@gmail.com

South Whidbey High School
ATHLETIC ELIGIBILITY FORM

**Complete both
sides of page**

Name: _____

Please answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information. **A participant, parent or guardian who provides the school with false information may cause the participant to be declared ineligible from interscholastic competition for a period of one year.**

1. Yes No The above student is under 20 years of age?
2. Yes No The above student resides within the boundaries of the South Whidbey School District?
3. Yes No** The above student resides with his/her parent(s)/legal guardian(s)? - The definition of "legal guardian" means court appointed legal guardian.

**If "No" is marked, please list the name and relationship of the person(s) with whom the student resides:

Name: _____

Relationship: _____

4. Yes No** Did the above student receive passing grades in at least 4 full credit classes last term and maintain a 2.0 GPA or better?

**If "No" is marked, please explain WHY less than 4 credits were received (i.e., failed grades, early release, late arrival, etc.)

5. Yes No The above student was in attendance in school at least 15 weeks of the previous term?
6. Yes No The above student is currently enrolled in the South Whidbey School District in a minimum or equivalent of 3 full credit classes?
7. Yes No The above student is Running Start and has completed and returned an athletic contract regarding Running Start students?
8. Yes No The above student is registered in South Whidbey School district as a home school student? (If not, you MUST do so to participate)
9. Yes No Has the above student ever been a foreign exchange student (presently or previously) while in high school:
10. Yes No If you are a transfer student, did you leave your previous school in good standing?
11. If not a South Whidbey High or Middle School student last year, list the school(s) the athlete attended.

Schools(s) attended: _____

I certify that all the answers given above are true and complete to the best of my knowledge.

SIGNATURE OF ATHLETE

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

Our Commitment to Non-Discrimination

The South Whidbey School District #206 does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Affirmative Action/Title IX/ RCW 28A.640 /RCW 28A.642 compliance officer, Dan Poolman, dpoolman@sw.wednet.edu, or Section 504/ADA coordinator, Dr. Jeff Fankhauser, jfankhauser@sw.wednet.edu, 5520 Maxwellton Road, Langley, WA 98260, 360-221-6100

Athlete's Name (please print): _____

Grade during this school year: _____ Date of Birth: _____

ASB CARD AND SPORT PARTICIPATION FEE

As Associated Student Body (ASB) funds support all extra-curricular programs, all athletes must purchase an ASB card and pay a sports participation fee. \$25 ASB/\$90 Football/\$75 all others.

ELIGIBILITY

Complete the questionnaire (Athletic Eligibility Form) on the reverse side of this sheet.

ATHLETIC CODE

We have read, kept a copy, and signed the Athletic Code. We fully understand all information provided including: mission statement, eligibility for participation, general regulations, athletic disciplinary action, and WIAA requirements. My child, whose name is printed above, meets all WIAA requirements. **(Keep the athletic code for your reference)**

CONCUSSION AND WEIGHT ROOM INFORMATION

Both parent(s) and athlete have read and signed the "Concussion in Youth Sports Information" and the "Weight Room Inherent Risk" sheets.

ACCIDENT INSURANCE (ATHLETE MUST HAVE INSURANCE)

My son/daughter is covered by insurance and will continue to keep it in force throughout the sports seasons; therefore, **I DO NOT** wish to enroll my child in the School Accident Coverage Plan. The high school principal or designee is authorized to contact the company named below to verify coverage limitations. I accept full responsibility for the cost of treatment of any injury that he/she may suffer while participating in an athletic program.

My insurance company: _____ Parent Signature: _____

Policy Number: _____

Student does not have ACCIDENT INSURANCE and I wish to enroll my child in the School Accident Coverage Plan. Student Accident Coverage insurance forms can be picked up at the ASB/Athletic office or register online at www.studentinsurance-kk.com. (Parent is responsible to complete and return or register on-line)

Parent Signature: _____

EMERGENCY CARD

The emergency card must be turned in to the Athletic Office along with this form.

PHYSICAL EXAMINATION

An annual physical examination is REQUIRED for each athlete prior to participation in athletics. **NO EXCEPTIONS. Physicals shall be valid for 24 consecutive months to the date unless your physician indicates it is only good for less than 24 consecutive months.**

We have read all of the forms mentioned above and understand them fully and will abide by all the rules as stated.

Athletes Signature

Parent/Guardian Signature

Date: _____

Date: _____

South Whidbey High School

ATHLETIC CODEMission Statement

In partnership with our community, we are deeply committed to provide our students with the best educational experience, preparing them to become capable, creative, caring, and responsible citizens. To this end interscholastic athletics are a vital option for a well-rounded education.

Goals of the Athletic Program

1. To support and promote successful participation and competition by as many student athletes as possible.
2. To foster the commitment to provide a supportive and safe environment for persons, facilities and programs.
3. To include total community, staff, and student support in maintaining adequate funding sources and levels for optimum success.
4. To establish coordinated programs with school and community for increased levels of skill and pride for the athletes and the programs.
5. To promote effective and respectful communications between and among students, staff, parents and community.
6. To nurture High Character in our athletes: Sportsmanship, teamwork, integrity, spirited play, respect, hard work, teachable spirit, and grace.

The following policies adopted by the School Board shall apply to all students who participate in the senior high school athletic programs as sponsored by Washington Interscholastic Activities Association. Students who wish to participate in athletics acknowledge they understand and will adhere to this code by signing. Upon the first signing by student/parent, the regulations outlined in this code are in effect and will remain so throughout the high school career of the student. This code will be in effect from the first day of fall sports turnout to the end of the school year.

I. BASIC CONDUCT FOR STUDENT PARTICIPANTS:

As a representative of South Whidbey High School, each student athlete is expected to conduct himself/herself at all times in a manner that will reflect the high standards and ideals of his/her team, school and community.

II. ADMINISTRATION OF ATHLETIC CODE:

The Athletic Director and a building administrator will investigate, act and decide on all cases involving violations. The administration will promptly communicate with the student athlete, parent and current coach.

III. BASIC SCHOOL POLICIES:

A. For the violation of school rules, the athlete will be treated the same as any other student, and may in addition, be penalized in accordance with this athletic code in regard to, but not limited to, truancy, tardiness, make up time, swearing, fighting, intimidation, harassment, hazing, stealing of school or personal property, discipline by teachers, bullying or harassment, or criminal activity.

B. The following rules will also apply to students:

1. Attendance: A student participating in an extra-curricular activity must be in attendance for the entire school day in order to participate in a practice or contest. A student is allowed to participate, when absent, if the student is medically excused by a doctor/dentist in writing, has a court appearance, family emergency, or the situation is deemed an emergency by the Athletic Director or Building Administrator. A student is considered absent 15 minutes after the second bell.
2. Appearance: The athlete must be clean and presentable in appearance.
 - a. Dress and grooming which cause disruption of the educational process or present danger to health or safety shall not be permitted.
 - b. The student athlete shall comply with official W.I.A.A. rules peculiar to specific sports.

Academic Eligibility: To be academically eligible, a student must have had a 2.0 GPA for the previous quarter and/or semester, and must have passed all full-time classes. Students currently below a 2.0 GPA and/or failing one subject will be placed on academic probation and be ineligible for the first 3 weeks on contests during the sport season. During the probationary period, students may practice and

attend team activities but not participate in contests. If a student is passing fewer than 3 classes at the mid-term or at the end of the term, he/she is ineligible for 3 weeks. A student on probation may be required to obtain academic tutoring.

If a student is failing any classes or drops below a 2.0 GPA *during* the sports season in which he/she is playing, he/she is ineligible until the student is passing all classes with a minimum 2.0 GPA. The student may practice, but may not participate in contests. However, head coaches have the discretion to mandate that a probationary student attend tutorials and miss practice until grades are up.

A grade check must be submitted to the Athletic Director at the end of the 5 week of Ineligibility/probation, and weekly in the case of a midseason violation. If the student is passing all classes with a 2.0 GPA, the probation is lifted. If not, the student becomes ineligible and may not participate in any competition until a grade check indicates that he/she is passing all classes, with at least a 2.0 average. This grade check will be completed by the student and submitted to the athletic director each Monday to determine eligibility for the week. This will continue until the next grading period (mid-term or term).

3. **Substance Abuse:** Possession of, use of, and/or traffic in tobacco, alcoholic beverages, controlled substances, and legend drugs, including anabolic steroids is forbidden. Also, any student found by the school district to have violated the drug codes of the district will be subject to school discipline as well as being referred to the appropriate law enforcement agency.

a. **First Violation:** The penalty for a student's first time violation of the substance rule (No. 4) Shall be suspension from interscholastic contests for one calendar year. However, the suspension will be reduced to three weeks of interscholastic contests, if the student voluntarily:

1. Admits the code violation within two (2) school business days after being questioned about the incident;
2. Agrees to a drug/alcohol assessment, performed by a certified/qualified Drug/Alcohol counselor, and follow whatever recommendations are made at the student/parent expense;
3. Participates in 8 hours of prescribed community service.

Failure to complete any of the above (1) (2) and (3) will result in the athlete's suspension from participation for one calendar year.

b. **Second Violation:** The penalty for a student's second violation of the substance rule (No. 4) Shall be suspension from all athletic competition for 15 calendar months. However, the suspension may be reduced* if the student voluntarily:

1. Admits the code violation within two (2) school business days after being questioned about the incident.
2. Agrees to a drug/alcohol assessment performed by a certified/qualified Drug/Alcohol counselor, and follow whatever recommendations are made at the student/parent expense.
3. Participates in 16 hours of prescribed community service.

*The reduction of the suspension will be based on the severity of the infraction(s). General Guide- lines for second violation are:

- Two tobacco violations = 3 months suspension from athletic competition
- One tobacco, one alcohol violation = 6 months suspension from athletic competition
- Two alcohol violations = 12 months suspension from athletic competition
- One tobacco, one controlled substance violation = 12 months suspension from athletic competition
- One alcohol, one controlled substance violation = 12 month suspension from athletic competition
- Two controlled substance violations = 12 months

Note: No second violation will result in less than 3 school calendar months of loss of athletic competition. For example: If a student has a second tobacco violation in the month of May, the student athlete would lose the opportunity to participate in athletics for the first 3 months of the next school year.

c. **Third Violation:** The penalty for a third violation of this rule shall be permanent prohibition from participating in any W.I.A.A. school athletic program for the remainder of the athlete's high school career.

*WIAA Position statement on chemical awareness standards for model policies for tobacco, alcohol and other drugs

Philosophy: The WIAA and its member schools recognize that the use of tobacco, alcohol and other drugs is a significant health problem for many students, resulting in negative effects on behavior, learning and their total development. The use of tobacco, alcohol and other drugs by students affect academic achievement, personal growth, extracurricular activities participation and the development of related skills. Others affected by the misuse and abuse are family, teammates and other significant persons in their lives.

The WIAA and its member schools believe that the close contact of parents/coaches, advisors, students and communities in interscholastic activities and classrooms provides a unique opportunity to observe, confront and assist one another.

It is the philosophy of the WIAA and its member schools that students should be encouraged and supported in their efforts to develop and maintain a chemical-free lifestyle.

The position of WIAA is:

1. To emphasize the health and safety of students while participating in activities and the long-term physical and emotional effects of tobacco, alcohol and other drugs on their health;
2. To promote a sense of order and discipline among students;
3. To confirm and support existing state laws which restrict the use of tobacco, alcohol and other drugs;
4. To assist schools in the establishment of policies that are consistent with WIAA minimum standards of athletic and activity eligibility;
5. To recognize and support schools that have programs to assist students who desire to resist peer pressure which directs them toward the use of tobacco, alcohol, and other drugs;
6. To require local school boards of directors to adopt, administer and implement policies and procedures regarding tobacco, alcohol and other drug use by athletes;
7. To provide and assist the schools of the state in developing and administering model policies; to act as a clearinghouse for recent court rulings, opinions, trainers and facilitators.
8. *Appendix 3, WIAA Handbook 2000, page 82

- d. Attendance at activities where illegal drugs and/or underage drinking are present is strictly forbidden. Students should leave immediately when they become aware of the illegal activity. This includes underage alcohol consumption. Students who violate this provision will receive one to three weeks suspension from interscholastic contests as determined by the athletic director and/or administrator. Any additional violations of this provision would result in progressively increased exclusion from interscholastic contests.

3. Hazing

It is the policy of South Whidbey High School that no student-athlete may be involved in hazing activities. **Hazing is strictly prohibited.** It is an offense whether it occurs on or off campus. Hazing is a considered a violation of the Athletic Code and disciplinary action, including suspension or removal from the team, is probable.

Definition of Hazing

Hazing is *any* act committed against someone joining or becoming a member, or maintaining membership on any team that is humiliating, intimidating, demeaning, or endangers the health and safety of a student-athlete. *A student athlete cannot consent to participate in a hazing activity.*

Examples of hazing include **but are not limited to:**

- Verbal or physical abuse including swearing, yelling, beating or hurting;
- Wearing embarrassing clothing;
- Participating in calisthenics not related to the sport;
- Acting as a personal servant to players off the court or field;
- Consuming alcohol/drugs or participating in drinking contests.

Note: A penalty applied to a student in middle school for violation of the athletic code shall not carry over to high school with the exception of a legend drug or controlled substance violation during the eighth grade.

4. Procedural Due Process Rights For Athletic Code Violations

- a. During the interview process, the student shall be provided the opportunity to present his/her explanation.
- b. A written explanation of the charges, evidence in support of the charges, and sanction which may be imposed along with the grievance process shall be sent to the student and parents within one school business day of the decision.

5. Participation Signatures: An acknowledgment indicating the above rules are understood and agreed will be signed by the student and parents before participation is allowed.

IV. GRIEVANCE OF ATHLETIC SUSPENSIONS:

A student or parent/guardian, who believes that he/she was unfairly treated, excluded or permanently dismissed from an athletic participation activity (either through the Athletic Code or individual team rules/codes of conduct) is entitled to use the following grievance process: The grievance must be made in writing to the Athletic Grievance Board via the Athletic Director. The grievance must be made within five (5) school days of the date of the suspension/removal or the grievance rights will be lost.

The Athletic Grievance Board shall consist of:

1. Principal
2. A Coach of team not involved in suspension;
3. Teacher
4. A.S.B. officer not involved in the sport
5. Student athlete not involved in the sport

The aggrieved party may file a grievance with the superintendent of schools within three (3) school days of the decision rendered by the Athletic Grievance Committee. The superintendent of schools, after hearing the case in detail, shall render a decision within ten (10) school days of the hearing.

The aggrieved party may file a grievance with the Board of Directors within three (3) school days of the decision rendered by the superintendent. The Board of Directors, after hearing the case in detail, shall render a decision within ten (10) school days of the hearing. This decision shall be final.

In all other respects, appeals will follow the grievance procedure for discipline outlined in the Student Rights and Responsibilities Handbook (Policy No. 3200).

Legal Reference: RCW 69.41.020-69.41.050 Legend Drugs-Prescription Drugs
RCW Chapter 69.50 Uniform Controlled Substance Act
RCW 28B.10.901 and 28B.10.902 Anti Hazing Law

ADOPTED BY BOARD OF DIRECTORS:

November 24, 1992
Revised: December 15, 1998
Revised: July 27, 1999
Revised: August 14, 2000
Revised May 25, 2012

Please detach and return to ASB/Athletics Office

ACKNOWLEDGEMENT

I have read the above and fully understand all requirements, procedures and penalties of the South Whidbey High School Athletic Code. My signature below indicates I will follow and abide by the athletic code.

Signature of Athlete

Signature of Parent and/or Guardian

Date

**Return this signature page
and keep pages 1-4
of the Athletic Code
for future reference**

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.

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

| Signs observed by teammates, parents and coaches include: |
|--|
| <ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or is uncoordinated• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can’t recall events prior to hit• Can’t recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness |

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 6/15/2009

SOUTH WHIDBEY HIGH SCHOOL

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 athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

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

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

and

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

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

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

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

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 6/15/2009

WEIGHT ROOM INHERENT RISK

South Whidbey High School strives to protect each student from possible injury while engaging in school activities. The rules and information identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents 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.

Guidelines are as follows:

1. Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
2. Notify the coach in advance of all maximum lift attempts.
3. Use a partner/spotter at all times. Stop and report absent lifting partner immediately.
4. Use only equipment you have been instructed to operate.
5. Wear proper footwear in the weight room at all times.
6. Clean up perspiration on benches with disinfectant.
7. Always use collars on bars, with no exceptions.
8. Weight training needs to be focused and serious. Horseplay will not be tolerated. Ensure that you are lifting within your known limits.
9. Advise the coach if you are ill or have any prolonged symptoms of illness.
10. Advise the coach if you have been injured.
11. Engage in warm-up activities prior to strenuous participation.
12. Be alert for any physical hazards or hazards in the locker room or in or around the participation area. Advise coach of any hazard or concern.
13. Abide by all safety rules and school rules related to use of the Gymnasiums, weight room, mat room, and/or outdoor facility.
14. The District has the right to revoke permission for this activity at any time, especially for violations of safety rules and school rules.
15. The student has no permission or authority to allow any other individual the use of the equipment.
16. Immediately stop using the equipment if any defect in the equipment is found, take the equipment out of commission, and immediately file a written report of the defect to the District.

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 weight training program.

I am aware that weight training is a HIGH-RISK SPORT and that practicing or competing in weight training will be a dangerous and unpredictable activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of practicing and competing in weight training 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 the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of practicing or competing in weight training 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.

Because of the dangers of weight training, I recognize the importance of following coaches' instructions regarding techniques, training and other team rules, etc., and to agree to obey such instructions.

I have read the above warning and release and understand its terms. I understand that weight training is a HIGH-RISK SPORT involving many RISKS OF INJURY, including but not limited to those risks outlined above.

In consideration of the South Whidbey School District permitting my child/ward to participate in weight training activities including practicing or competing, I hereby assume all the risks normally associated with weight training and agree to hold the school district, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise from such risks. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

We agree that neither the school district, nor the staff of the school district, nor the student organization of the school district shall in anyway be held liable for any accident or injury in anyway 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

Sudden Cardiac Arrest

Information Sheet for
Student-Athletes, Coaches and
Parents/Guardians
SSB 5083 ~ SCA Awareness Act



What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

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

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

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



Cardiac 3

Minute Drill

1. RECOGNIZE Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!
Every Second
Counts!**

UW Medicine
Center For Sports Cardiology
www.uwsportscardiology.org

WIAA
Est. 1905
WASHINGTON INTERSCHOLASTIC
ACTIVITIES ASSOCIATION

**NICK OF TIME
FOUNDATION**
SCA Awareness
Youth Heart Screening
CPR/AED In Schools
www.nickoftimefoundation.org

Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

The South Whidbey School District 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 South Whidbey School District athletics. If you have questions regarding any of the information provided in the pamphlet, please contact Paul Lagerstedt, SWSD Athletic Director, plagerstedt@sw.wednet.edu or 360-221-6808 ext 5408

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.

Student Name (Printed) *Student Name (Signed)* *Date*

Parent Name (Printed) *Parent Name (Signed)* *Date*

South Whidbey High School Emergency Card Information

Student Name: _____ Date of Birth: _____
Home Address: _____
Parent or Guardian: _____ Phone: _____
Physician: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Insurance Company: _____ Policy #: _____
Medications: _____
Medication History (please include any allergies): _____

The undersigned hereby authorizes South Whidbey High School as our agent to give consent to surgical or medical treatment by any licensed physician or hospital for our child _____ when such treatment is deemed necessary by said physician and we can not be reached within a reasonable length of time by reason of absence from the community or otherwise.

Such consent may include but is not limited to administration of necessary anesthetics, medical treatment, tests, x-rays, examination, transfusions, injections or drugs, and the performing of whatever operation may be deemed necessary or advisable. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required.

This information will be shared with your son/daughters coach so they will be able to get a hold of you or an emergency contact if needed.

Date

Parent/Guardian Signature

OTHER INFORMATION OR MORE EMERGENCY CONTACTS:

SOUTH WHIDBEY SCHOOL DISTRICT

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____ Age _____

| EXAMINATION | | |
|---|--------|--------------------|
| Height | Weight | |
| BP / | Pulse | Vision R 20/ L 20/ |
| Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No | | Peak Flow |
| MEDICAL | NORMAL | ABNORMAL FINDINGS |
| Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | |
| Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing | | |
| Lymph nodes | | |
| Heart <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- valsalva) Location of point of maximal impulse (PMI) | | |
| Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses | | |
| Lungs | | |
| Abdomen | | |
| Genitourinary (males only) | | |
| Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis | | |
| Neurologic | | |
| History of concussion | | |

OPTIONAL

Urinalysis':

Body Fat %

BMI:

HCT:

EST VO2 Max:

Audiometry:

| MUSCULOSKELETAL | NORMAL | ABNORMAL FINDINGS |
|--|--------|-------------------|
| Neck | | |
| Back | | |
| Shoulder/arm | | |
| Elbow/forearm | | |
| Wrist/hand/fingers | | |
| Hip/thigh | | |
| Knee | | |
| Leg/ankle | | |
| Foot/toes | | |
| Functional <ul style="list-style-type: none"> Duck-walk, single leg hop | | |

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1. 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?
- Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

2. Consider reviewing questions on cardiovascular symptoms (Questions 5-16 on Patient History Form).

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 the 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 parent/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

PHYSICAL IS GOOD FOR: **ONE YEAR** **TWO YEARS**

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM Name _____ Date of Birth _____

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

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

| | | |
|---|------------|-----------|
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify specific allergy below. <input type="checkbox"/> Medicines <input type="checkbox"/> Pollens <input type="checkbox"/> Food <input type="checkbox"/> Stinging Insects | | |
| GENERAL QUESTIONS | Yes | No |
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | | |
| 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: _____ | | |
| 3. Have you ever spent the night in the hospital? | | |
| 4. Have you ever had surgery? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | Yes | No |
| 5. Have you ever passed out or nearly pass out DURING or AFTER exercise? | | |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise? | | |
| 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: _____ | | |
| 9. Has a doctor ever ordered a test for your heart? (for example, ECG/EKG, echocardiogram) | | |
| 10. Do you get lightheaded or feel more short of breathe than expected during exercise? | | |
| 11. Have you ever had an unexplained seizure? | | |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise? | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | Yes | No |
| 13. Has any family or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)? | | |
| 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? | | |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? | | |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? | | |
| BONE AND JOINT QUESTIONS | Yes | No |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? | | |
| 18. Have you ever had any broken or fractured or dislocated joints? | | |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? | | |
| 20. Have you ever had a stress fracture? | | |

| BONE AND JOINT QUESTIONS | Yes | No |
|---|------------|-----------|
| 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) | | |
| 22. Do you regularly use a brace, orthotics, or other assistive devices? | | |
| 23. Do you have a bone, muscle, or joint injury that bothers you? | | |
| 24. Do any of your joints become painful, swollen, feel warm, or look red? | | |
| 25. Do you have any history of juvenile arthritis or connective tissue disease? | | |
| MEDICAL QUESTIONS | Yes | No |
| 26. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 27. Have you ever used an inhaler or taken asthma medicine? | | |
| 28. Is there anyone in your family who has asthma? | | |
| 29. Were you born without or are you missing a kidney, eye, a testicle (males), your spleen, or any other organ? | | |
| 30. Do you have groin pain or a painful bulge or hernia in the groin area? | | |
| 31. Have you had infectious mononucleosis (mono) within the last month? | | |
| 32. Do you have any rashes, pressure sores, or other skin problems? | | |
| 33. Have you had herpes or MRSA skin infection? | | |
| 34. Have you ever had a head injury or concussion? | | |
| 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| 36. Do you have a history of seizure disorder? | | |
| 37. Do you have headaches with exercise? | | |
| 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| 39. Have you ever been unable to move your arms or legs after being hit or falling? | | |
| 40. Have you ever become ill while exercising in the heat? | | |
| 41. Do you get frequent muscle cramps when exercising? | | |
| 42. Do you or someone in your family have sickle cell trait or disease? | | |
| 43. Have you had any problems with your eyes or vision? | | |
| 44. Have you had any eye injuries? | | |
| 45. Do you wear glasses or contact lenses? | | |
| 46. Do you wear protective eyewear, such as goggles or a face shield? | | |
| 47. Do you worry about your weight? | | |
| 48. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 49. Are you on a special diet or do you avoid certain types of food? | | |
| 50. Have you ever had an eating disorder? | | |
| 51. Do you have any concerns that you would like to discuss with a doctor? | | |
| FEMALES ONLY | Yes | No |
| 52. Have you ever had a menstrual period? | | |
| 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 _____