

**2011-2012 Lake Washington School District No. 414
INTERSCHOLASTIC ATHLETICS REGISTRATION**

ASB Fee Paid: _____
Sport Fee Pd: S1 S2 S3 S4
Family Pd: _____

Student's name _____ Date of Birth _____

Sex: Male Female (Last) (First) (MI) Grade _____ Home Phone _____

Name of Parent / Guardian _____ Cell/Office Phone _____

Name of Family Physician _____ Office Phone _____

PHYSICAL EXAMINATION / CLEARANCE (Completed by Physician only) Date of original exam _____

Medications _____	Height _____	Weight _____
Vision _____	BP _____	HR _____
Eyes _____	GI / GU _____	UA _____
Ears _____	Allergies (food/medicines) _____	
Nose _____	Skin _____	
Teeth _____	Musculoskeletal _____	
Heart _____	Neurological _____	
Lungs _____		

DO YOU KNOW ANY REASON WHY THIS CHILD SHOULD NOT PARTICIPATE IN THE ATHLETIC PROGRAMS IN THE Lake Washington SCHOOL DISTRICT?

No Yes if yes, please explain _____

Today's date _____ Physician's Signature _____

ASSESSMENT: Full Participation Limited Participation (describe limitations below) _____

Health History: (To be completed by parent / guardian)

Asthma _____	Convulsions _____	Neck or back surgery _____	Contact lenses _____
Concussion _____	Heart problems _____	False teeth or bridge _____	
Epilepsy _____	Dehydration problems _____	abnormal bleeding _____	
Sprains/strains/fractures _____			
Anything else _____			
Current medications _____			
Physician's name _____	Preferred hospital _____		

EMERGENCY CONTACT: (Relative or Neighbor) _____ Phone: _____

Other #'s where in emergency we can reach you _____

INSURANCE INFORMATION: I have medical coverage for doctor's services and hospitalization and will continue to keep it in force throughout the sports season. I accept full responsibility for the cost of treatment for any injury my student may suffer while participating in the athletic program.

Insurance Co. name _____ Policy # _____

MEDICAL AUTHORIZATION: As a parent or legal guardian, I authorize a qualified physician to examine the above named student in the event of an injury to administer emergency care and arrange for any consultation by a specialist, including a surgeon, deemed necessary to ensure proper care of any injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

PERMISSION TO SHARE INFO / PHOTOS WITH MEDIA LWSD only Local News None

ATHLETIC, DRUG, ALCOHOL, TOBACCO & CONDUCT CODES: I have read the Lake Washington School District Athletic Codes and will follow the requirements. I hereby give my consent for the student athlete named above to accompany any school team and represent his/her school in athletic events. All the information provided above is correct and true.

Student signature

Parent signature

Date

Student's name: _____
(Please print) Last First grade

The above named student has permission to participate in Evergreen sports (see below). I/we have read, understand and will abide by the **Lake Washington School District Junior High Athletic Policy. Pages 4/5**

Parent/guardian signature: _____ Date: _____

Student's signature: _____ Date: _____

I/we have read, understand and will abide by the **participation fee and refund conditions. Page 2**

Parent/guardian signature: _____ Date: _____

Student's signature: _____ Date: _____

I/we have read, understand and will abide that **all personal items will be kept secure in a locked locker during all practices and competitions.**

Parent/guardian signature: _____ Date: _____

Student's signature: _____ Date: _____

LWSD Athletic Drug-Alcohol-Tobacco & Code of Conduct Code
Procedures - Implementation

Parents are encouraged to assume an active role in monitoring and enforcing the provisions of this code.

Alleged violations of this code will be investigated by the coach and/or athletic director. Sanctions will be imposed if the of evidence suggests the alleged violations did indeed occur.

If a violation of one or more of these rules occurs at school or during a school event, school sanctions (including suspension from school) may also apply and in addition to the provisions of this code.

Any student who is disciplined for violating the rules established by this code is entitled, if he/she desires, to appeal the decision to the school's administration.

This is to certify that we the undersigned have read and understand the Lake Washington School District Athletic Code. Pages 6/7

(Print Athlete's Name)

(Sport)

(Student Signature)

Date: _____

(Parent/Guardian Signature)

Date: _____

**2011-2012 Lake Washington School District
ATHLETICS EMERGENCY INFORMATION**

Student's name _____ Date of Birth _____
(Last) (First) (MI)

Parent/Guardian's name _____ Address _____

Home Phone: _____ Father's Contact Phone: _____ Mother's Contact Phone: _____

Name of Insurance Company: _____ Policy Number: _____

Two persons you recommend we call in the event you cannot be reached:

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

Preference of Hospital: _____

Preference of Physician:

Name: _____ Phone: _____

Date of last Tetanus Booster: _____ Allergies: _____

Parent/Guardian Signature: _____ Date: _____

**Lake Washington School District
HEALTH HISTORY**

Student's name _____ Date of Birth _____
(Last) (First) (MI)

Parent/Guardian's name _____

Home Phone: _____ Father's Contact Phone: _____ Mother's Contact Phone: _____

Surgeries / Hospitalizations _____

Allergies (foods or medications) _____

Current medications _____

HEALTH HISTORY (check all that apply to the student)

Asthma _____ (Do you use an inhaler? Yes _____ No _____)	Contact lenses _____	Neck or back surgery _____
Concussion _____	Hearing defect _____	Knocked unconscious _____
Hernia _____	Heart problems _____	False teeth or bridge _____
Epilepsy _____	Dehydration problems _____	abnormal bleeding _____
Convulsions _____		
Sprains / strains / fractures _____		

Anything else? _____

Parent/Guardian Signature: _____ Date: _____

EVERGREEN JUNIOR HIGH SCHOOL
Concussion Information Sheet

Please read the following information and sign the back page (student and parent). **This form must be returned with your 2011-2012 Athletic Paperwork!**

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

Symptoms may include one or more of the following:

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

Signs observed by teammates, parents and coaches include:

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

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

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