

Lake Washington School District  
**Sports Physical Examination/Clearance Form**  
For Interscholastic Athletics Registration

ASB Fee Paid: \_\_\_\_\_  
Sport Fee Pd: S1 S2 S3 S4  
Family Pd: \_\_\_\_\_

Student name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (MI)  
Sex:  Male  Female Grade \_\_\_\_\_ Home Phone \_\_\_\_\_  
Name of Parent/Guardian \_\_\_\_\_ Cell/Office Phone \_\_\_\_\_  
Name of Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

**Physical Examination/Clearance** (To be completed by physician only) Date of original exam \_\_\_\_\_

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

Do you know any reason why this child should *not* participate in athletic programs in Lake Washington School District?  
 No  Yes If yes, please explain \_\_\_\_\_

ASSESSMENT:  Full Participation  Limited Participation (describe limitations below) \_\_\_\_\_

Today's date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

**HEALTH HISTORY:** (To be completed by parent/guardian)

Asthma \_\_\_\_\_ Convulsions \_\_\_\_\_ Neck or back surgery \_\_\_\_\_  
Concussion \_\_\_\_\_ Heart problems \_\_\_\_\_ False teeth or bridge \_\_\_\_\_  
Epilepsy \_\_\_\_\_ Dehydration problems \_\_\_\_\_ Abnormal bleeding \_\_\_\_\_ Contact lenses \_\_\_\_\_  
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.

**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.

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

\_\_\_\_\_  
Student signature Parent signature Date

**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 Phone: \_\_\_\_\_ Mother's 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: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Physician Preference - Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_ Allergies: \_\_\_\_\_

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.

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

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

**Lake Washington School District  
HEALTH HISTORY**

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

Parent/Guardian's name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_ Mother's 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 _____	
Concussion _____	Contact lenses _____	Neck or back surgery _____
Hernia _____	Hearing defect _____	Knocked unconscious _____
Epilepsy _____	Heart problems _____	False teeth or bridge _____
Convulsions _____	Dehydration problems _____	Abnormal bleeding _____
Sprains/strains/fractures _____		

Anything else? \_\_\_\_\_

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

# LAKE WASHINGTON SCHOOL DISTRICT

## 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"><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> |
|--|--|

### 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

**Signature required on the back of this page**

**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 it's 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

LAKE WASHINGTON SCHOOL DISTRICT  
ATHLETIC/ACTIVITIES  
DRUG-ALCOHOL & TOBACCO CODE

As members of a high school team or WIAA sponsored activity that represents the Lake Washington School District, students are expected to make a strong personal commitment to rules of training and conduct in order to maintain a strong, healthy body and represent their school in an exemplary fashion. To that end, the following rules apply to all students participating in interscholastic athletics/activities or attending a team related activity such as out-of-season camps or tournaments. These rules will apply at all times throughout the school year which is defined as beginning with fall tryouts to the last day of school and includes any summer team related activities and will remain in effect for one calendar year from date of signature.

**Training Rules**

**ILLEGAL CONTROLLED SUBSTANCES & ALCOHOL**

**Legend drugs and controlled substances** – Penalties for the possession, use or sale of legend drugs (drugs obtained through prescription, RCW 69.41.020-050) and controlled substances (RCW 69.50) shall be as follows:

**1<sup>st</sup> Violation:** A participant in possession and/or use of a controlled substance, and/or “legend drugs” including anabolic steroids, alcohol beverages shall be immediately ineligible for interscholastic competition in the current interscholastic sports program for the remainder of the season. This also includes attending and/or remaining at an event where consumption of any of the above mentioned substances by a minor(s) occurs. Ineligibility shall continue into the next sports season in which the participant wishes to participate. In order to be eligible to participate in the next interscholastic sports season, the student athlete shall meet with the school authorities. The school principal shall have the final authority as to the student athlete’s participation in the interscholastic sports program.

A participant who seeks and/or receives help for a problem with use of legend drugs (RCW 69.50.101 identified substances) or controlled substances and controlled substance analogs (RCW 69.50.101 identified Substances) shall be given the opportunity for assistance through the school and/or community agencies. In no instance shall participation in a school and/or community approved assistance program excuse a student athlete from subsequent compliance with this regulation. However, successful utilization of such an opportunity or compliance with athletic code by the student athlete may allow him/her to have eligibility re-instated in the athletic program, after a minimum two week suspension from competition and pending a recommendation by the school eligibility authority. Athletes may attend practices with Principal/Athletic Director approval but may not attend contests during the suspension period.

**2<sup>nd</sup> Violation:** A participant who again violates any provision of RCW 69.41.020 through 69.41.050 or of RCW 69.50 shall be ineligible for interscholastic competition for a period of one (1) calendar year from the date of the second violation.

**3<sup>rd</sup> Violation:** A participant who violates for a third time RCW 69.41.020 through 69.41.050 or of RCW 69.50 shall be permanently ineligible for interscholastic competition.

**SALE AND/OR DISTRIBUTION**

Per Lake Washington School District Policy the sale and/or distribution of alcohol or prescription or non-prescription drugs will result in the student automatically being placed on Step #2 of the Athletic/Activity Code

**TOBACCO**  
(Cigarettes, chew, etc.)

**First Career Violation:**

The possession and/or use of tobacco products will result in 1) a minimum of one week suspension from competition 2) Attending a cessation class is mandatory.

**Second Career Violation:**

The student shall be suspended for ten weeks of competition. If there is not ten weeks left in the current season the suspension will carry over to the next competitive season in which they are a returning athlete.  
2) Before an athlete can again represent LWSD in athletics they must provide evidence of successfully completing a nicotine treatment program and proof that they have discontinued the use of tobacco products.

**Third Career Violation:**

A student athlete who violates for a third time shall be permanently prohibited from participating in any WIAA member school athletic program or activity.

**Conduct Rules**

Students who commit unlawful acts or engage in delinquent behavior may be subject to disciplinary action up to and including suspension from the team. ALL LWSD athletes are expected to adhere to all LWSD policies as explained in each school's Student/Parent Handbook. In addition to these general rules, coaches may establish other team expectations specific to their program.

**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 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**

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**PRINT ATHLETE'S NAME**

**SPORT**

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**STUDENT SIGNATURE**

**DATE**

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**PARENT/GUARDIAN SIGNATURE**

**DATE**

(10) "Legend drugs" means any drugs which are required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or are restricted to use by practitioners only.

Lake Washington School District  
Junior High School Athletic Policy  
2011-2012

Interscholastic athletics in the Lake Washington School district are intended to provide opportunities for students to participate in structured and supervised programs that promote good sportsmanship and fair play in a competitive environment.

1. The athletic program of the Lake Washington School District Junior High Conference, though not regulated by, subscribes to the guidelines of the Washington Interscholastic Activities Association. A copy of the WIAA constitution, rules and regulations is maintained by each school.
2. Eligibility requirements that each student athlete must meet prior to receiving equipment and participating in a practice are as follows:
  - a. A physical examination with doctor's signature and current date on a school-provided physical form. The physical portion of the form is good for two years from the date of the examination.
  - b. Proof of medical insurance coverage or purchase of school insurance. Required yearly.
  - c. A medical emergency authorization form signed by a parent or guardian together with an emergency contact number in the event a parent/guardian cannot be reached. Required yearly.
  - d. LWSD Athletic/Activities Drug-Alcohol & Tobacco Code signed by both the student and parent or guardian. Required yearly.
  - e. LWSD Concussion Information Sheet signed by both the student and parent or guardian. Required yearly.
  - f. Membership in the Associated Student Body (ASB) of Kamiakin Junior High. The ASB card may be purchased at the school and is valid for the current school year. Required yearly.
  - g. No outstanding fines or fees.
  - h. Athletic eligibility policy signed by both the student and parent or guardian. Required with each individual sport.
3. Attendance at practice sessions, meetings, and games is required unless absent from school, excused by a coach, or detained by another instructor. In the event of a medical or dental appointment, one-half day of attendance is mandatory. Coaches will establish individual sport policies regarding tardiness and unexcused absences from practice. If a student is suspended from school (in-house suspension or out-of-school suspension), that student is not eligible to participate in extracurricular activities that day.
4. After a second unexcused absence from practice, an athlete will be dropped from the team.
5. Student athletes are expected to participate fully in all regular school activities and classes each day, including physical education activities, in order to participate in an extracurricular activity.

6. Student athletes are expected to demonstrate citizenship and conduct that is beyond criticism at all times. Student athletes violating school behavior expectations can expect school discipline and athletic discipline up to and including temporary and permanent suspension from the team.
7. In the event a student athlete is injured during a practice or contest, the supervising coach is to be notified immediately in order to obtain proper care and prevent further injury.
8. Student athletes receiving school-issued equipment are responsible for that equipment and, in the event of loss or damage, will be required to pay the replacement charge.
9. In most cases transportation is provided by the school district to athletic events. Athletes are required to travel to and from contests with the entire team, unless excused by a coach. Written parent request is required in order for the coach to release a student from riding the team bus. Students returned to the school by parent transportation cannot expect access to the locker room until the coach returns from the game site.
10. Student athletes represent their schools and are expected to be good ambassadors and display good sportsmanship at all times including on buses. Students failing to conduct themselves accordingly are subject to discipline up to and including suspension from the team.
11. Academic eligibility. Student athletes must have a GPA of 2.0 in all classes and no fails. Students not meeting academic eligibility or whose academic performance falls below the stated standard during a season may be placed on academic probation. A grade check will occur following the third week of each season with a 5-day probation period for athletes not meeting academic eligibility requirements.

This is to certify that I have read and understand the athletic policy for Kamiakin Junior High.

Parent signature \_\_\_\_\_

Student signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I GIVE \_\_\_\_\_, GRADE \_\_\_\_\_  
(Please Print)

PERMISSION TO PARTICIPATE IN \_\_\_\_\_  
(ONE specific sport each season)