

# **Selkirk School District Athletic Code**

## **Eligibility Rules & Regulations**

Updated Jul 24, 2023

**Parent/Athlete Signatures Required** (One time per school year):

- 1. Concussion Information Sheet**
- 2. Student Assumption of Risk Acknowledgment**
- 3. Medical Form**
- 4. Parent Permission Form**
- 5. Homeschool Forms (if applicable)**

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**[www.selkirkschools.org](http://www.selkirkschools.org)**  
**Click on Middle/High School tab for Athletic Calendars**

## **SELKIRK MIDDLE/ HIGH SCHOOL ATHLETIC CODE**

The interscholastic athletic program offered by various high schools in Washington State, and governed by the Washington Interscholastic Activities Association, is completely voluntary on the part of the student-athlete. Participation is not required for admission. Involvement in an athletic program is a privilege, not a right. However, it is also a responsibility, as it requires extra effort and time beyond the regular school day on a voluntary basis.

The SELKIRK ATHLETIC CODE combines W.I.A.A. state requirements, with specific requirements from the Selkirk School District. This athletic code goes into effect when the student signs and returns the athletic code to the coach or athletic director and remains in effect until the last day of school. If a student violates one of the agreements contained in the athletic code, the student will be held accountable for the consequences according to the guidelines established within the athletic code. If consequences are not completed at the end of the sport season (including postseason), the consequences carry over into the next sport season in which the athlete participates.

Those who participate in interscholastic athletics are not only members of a team, but are representatives of their student bodies, families, and communities. Therefore, it is necessary and desirable that high standards be maintained. These include academic requirements, citizenship, sportsmanship, student-athlete conduct both in and outside of the athletic arena, and loyalty. Lowering standards by either an individual or the team to win games defeats the purpose and values of interscholastic athletics.

Because the dignity of the total school program is reflected in the athletic program, it is important that the student-athletes conduct themselves in an appropriate manner. Their behaviors and actions both in and outside of the athletic arena should reflect pride in themselves, their school, their family, and their community.

The purpose of the ATHLETIC CODE is to commit students and their parents to the responsibilities of the athlete in the creation and maintenance of the Selkirk Schools athletic image. This code applies to middle and high school programs. It also applies to cheerleaders, mascots, managers, and support staff such as statisticians, scorekeepers, filmers, etc.

### **SECTION I: ELIGIBILITY**

#### **A. SELKIRK REQUIREMENTS**

In addition to W.I.A.A. requirements, student-athletes at Selkirk Schools must meet these additional requirements:

1. Obtain an **A.S.B. card**. A.S.B. cards must be obtained prior to the first game of the season. (ASB cards are free to those who qualify for free or reduced lunch and assistance is available for those in need).
2. Have a **signed Athletic Packet**. There are four signature pages included in the packet that must be signed including:
  - a. Concussion Information Sheet
  - b. Parent/Student Assumption of Risk Acknowledgment
  - c. Medical Form

- d. Parent Permission Form with proof of insurance, and parent/student agreement to abide by the athletic code.
3. **Passing grades** in all classes and maintain a **2.0 GPA**.
  - a. A student-athlete currently participating in a sport must be passing (no "F" grades) all classes to remain eligible.
  - b. A student-athlete failing a class as identified through the weekly grade check will be flagged for one week. During this time they remain eligible.
  - c. A student-athlete failing a class for two consecutive weeks as identified through weekly grade checks loses eligibility for the following week, until the next scheduled weekly grade check or the implementation of a success plan.
  - d. Once a student is again passing all classes as identified through the weekly grade check, they are fully eligible to participate in that sport.
  - e. For eligibility purposes, a No Credit (NC) grade will carry the same weight and consequences as a failing grade.
4. An annual **physical** examination specifically related to sports participation.
5. For students with health conditions, a **health plan must be on file** with the district.
6. Maintain **amateur standing**.

**IMPORTANT NOTE:** Student-Athletes will **NOT** be allowed to practice until the coach has received the appropriate signed forms including: **#2** (Signed Athletic Code), **#4** (Sports physical) and **#5** (if applicable). Practices do not count toward the minimum of 10 (12 for football) unless these forms are received. Homeschooled students must also meet ALL of the additional requirements listed.

**HOMESCHOOL/RUNNING START STUDENTS NEED TO CONTACT THE HIGH SCHOOL OFFICE FOR ADDITIONAL PAPERWORK REQUIREMENTS:**

WIAA allows students who are homeschooled to participate in the extra-curricular programs of their resident school district. Homeschooled students wishing to participate in Selkirk School District Athletics must meet the following additional requirements:

1. **Must be registered** with the school district office as a homeschooled student with evidence that Selkirk School District is the student's resident district. Students may be ineligible if they are enrolled with another school district that offers extra-curricular programs.
2. **Current immunizations** (or an exemption form) must be file with the school district
3. Once the school year has started, parents must submit **weekly proof of academic progress** to the principal to maintain eligibility. Students will be subject to the same rules as Selkirk Middle / High School students. See #3 above for details.

**SECTION II: ATHLETIC TRAVEL**

Students traveling on a bus to any "away" sporting events are expected to ride the bus both to and from the event. A student-athlete may be released to a parent/guardian following an away event if the parent/guardian signs the coach's bus roster to release the student-athlete. Parents/Guardians signing student-athletes out assume all responsibility for transportation home at that point. Under extenuating circumstances, the principal or superintendent may approve someone other than a parent/guardian to take a student-athlete away from the event. These instances must be approved by the principal or superintendent **prior to leaving for the event**. **A coach cannot authorize this type of release.**

### **SECTION III: RULES AND REGULATIONS**

Punishment for violations of the athletic code will be dealt with by the athletic director and principal unless otherwise indicated in this document.

#### **A. USE OF TOBACCO, DRUGS AND ALCOHOL**

Students participating in athletics will not attend peer parties where alcohol and/or drugs are present or are being used. Nor will they consume, transport, or possess illegal drugs, controlled substances, or alcohol. Doing so will result in the following actions:

##### **FIRST OFFENSE:**

**All grades:** The student-athlete may be removed from athletics for 30% to 50% of contests that could be scheduled, but will be required to attend all practices stipulated by the coach.

##### **SECOND OFFENSE:**

**6<sup>th</sup> – 8<sup>th</sup> Grade:** Student-Athletes at the Middle School level may be removed from athletics for one year to 1 1/2 years to date. Middle School student-athletes will be penalized for second offenses occurring at any time during their 6<sup>th</sup>, 7<sup>th</sup> or 8<sup>th</sup> grade school years. If an offense is committed while the student-athlete is enrolled in the 6<sup>th</sup> or 7<sup>th</sup> grades, the offense will be carried over into the next school year. Offenses acquired at the Middle School level will not be carried over to the Senior High level.

**9<sup>th</sup> – 12<sup>th</sup> Grade:** Student-Athletes at the Senior High level may be removed from athletics for one year to 1 1/2 years to date. Student-athletes may be penalized for second offenses occurring at any time during the span of their 9th, 10th, 11th, or 12th grade school years, no matter when the first offense took place during that time span.

#### **B. SELLING OR DISTRIBUTION OF DRUGS**

The student-athlete may be suspended from athletics for one year to 1 1/2 years to date.

#### **C. COMMITTING ACTS OF LARCENY**

No student-athlete shall take or appropriate the property of another with intent to keep or allow wrongful use of said property. No student-athlete shall knowingly sell or purchase stolen property.

##### **FIRST OFFENSE:**

The student-athlete may be removed from athletics for 30% to 50% of contests that could be scheduled, but will be required to attend all practices as required by the coach.

##### **SECOND OFFENSE:**

The student-athlete may be suspended from athletics for one year to 1 1/2 years to date.

#### **D. COMMITTING CRIMES**

Student-athletes committing an act resulting in a conviction (other than minor traffic violations) may be dismissed from athletics for the remainder of the school year or up to 1 ½ years.

## **E. ATTENDANCE**

1. Student-athletes shall be in attendance at school for the full day, or the day preceding non-school day practice in order to be eligible for practice on that day, unless pre-arrangements have been made with the principal or their designee (with communication, unforeseen circumstances will be taken into consideration).
2. Student-athletes shall be in attendance at school for the full day on the day of an athletic contest, or the day preceding non-school day contests, in order to be eligible for the contest that day, unless pre-arrangements have been made with the principal or their designee (with communication, unforeseen circumstances will be taken into consideration).

*(The following criteria is taken into account when considering extenuating circumstances:  
Previous attendance patterns, Grades, Behavior, Prior Communication.)*

## **F. SPORTSMANSHIP**

Student-athletes representing teams of Selkirk Jr/Sr High School shall exemplify the highest standards of good sportsmanship. Sportsmanship is defined as those qualities of courteousness, fairness, and respectfulness to officials, teammates, opponents, coaches, spectators, and all others associated with the sport or an athletic contest.

Therefore, Selkirk student-athletes shall act in a sportsmanlike manner on AND off the field or court. Penalties for violations of unsportsmanlike conduct by word or gesture will be determined by the coach.

## **G. INDIVIDUAL SPORTS POLICIES**

The head coach of each sport may add additional requirements. These will not usurp the rules and regulations outlined in the Selkirk Athletic Code and shall be limited to issues directly relevant to the welfare of the team.

## **H. COMPLAINT PROCESS**

When a person has a complaint about an athletic program, the complainant first contacts the coach of the program. If the issue is not resolved then the athletic director should be made aware of the issue. Complaints that need to be further addressed beyond the coach and athletic director will be reviewed by the principal.

## **I. APPEAL PROCESS FOR DISCIPLINARY ACTION**

If an athlete or parent, after discussion with the coach, has a grievance with a discipline procedure, they must make a written request to the principal or athletic director to appeal the decision within five days of the action grieved.

For more information, contact the athletic director or principal to review this appeal process.

# SELKIRK SCHOOL DISTRICT #70

## PARENT COPY – 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:

- |  |
|--|
| <ul style="list-style-type: none"> <li>● Appears dazed</li> <li>● Vacant facial expression</li> <li>● Confused about assignment</li> <li>● Forgets plays</li> <li>● Is unsure of game, score, or opponent</li> <li>● Moves clumsily or displays incoordination</li> <li>● Answers questions slowly</li> <li>● Slurred speech</li> <li>● Shows behavior or personality changes</li> <li>● Can’t recall events prior to hit</li> <li>● Can’t recall events after hit</li> <li>● Seizures or convulsions</li> <li>● Any change in typical behavior or personality</li> <li>● Loses consciousness</li> </ul> |
|--|

# SELKIRK SCHOOL DISTRICT #70

## **PARENT COPY** – Concussion Information Sheet

### **What can happen if my child keeps on playing with a concussion or returns too 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 athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

### **If you think your child has suffered a concussion**

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

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

and

"...may not return to play until the athlete is evaluated by a licensed healthcare 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/>

**THIS COPY IS FOR YOUR REFERENCE.  
PLEASE RETURN SIGNED COPY TO THE SCHOOL.  
RETAIN THIS COPY WITH ATHLETIC CODE.**

# SELKIRK SCHOOL DISTRICT #70

## SCHOOL COPY – 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> |
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|---|---|
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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

# **Selkirk School District #070**

## **PARENT/STUDENT ASSUMPTION OF RISK FORM AND RELEASE**

The purpose of this notice is to aid you in making an informed decision as to whether you/your child should participate in interscholastic activities 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 the parent or guardian of a student participant, it is your responsibility to learn about and/or inquire of coaches, physicians, advisors, or other knowledgeable persons about any concerns that you might have at any time regarding participation safety and the safety of the Selkirk School District's interscholastic program.

Participating in interscholastic activities such as football, basketball, baseball, wrestling, volleyball, track, cheerleading, fast-pitch, as well as other "nonsport" interscholastic activities, is voluntary and extracurricular. As a condition to participate in these activities, you and your parent(s) or guardian(s) must agree to assume the risk of injury or death involved in this activity and agree to release the Selkirk School District, its employees, and volunteers from liability for ordinary negligence in the conduct of these programs.

I, \_\_\_\_\_, as the athlete, and \_\_\_\_\_ the parent/guardian understand that participating in interscholastic activities through Selkirk School District does involve the risk of injury or death. I also understand that by participating in interscholastic activities, I am subjecting myself to the possibility of injury or death.

In consideration of the Selkirk School District's permitting \_\_\_\_\_ participation in interscholastic activities and to engage in all areas of these activities, we hereby agree to assume all of the risk of injury or death associated with the school district's interscholastic program; we further agree to release the Selkirk School District, its employees, agents, representatives, coaches, and volunteers from any liability resulting from any ordinary negligence that may arise in connection with the School District's interscholastic activities program. We agree that the terms hereof shall serve as an assumption of risks and a release for all members of our family, for heirs, estate, executor, administrator, assignees, indemnitors, subrogees, or other releasees; and we further agree that if any part of this assumption of risk is held void, the remainder shall continue in full force and effect.

### **CAUTION**

By signing this assumption of risk and release, we acknowledge that we have read its contents and understand its contents and warnings, and that we agree to its terms.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Selkirk School District Athletic Director

# SELKIRK SCHOOL DISTRICT No. 70 STUDENT-ATHLETE MEDICAL FORM

|                           |  |  |
|---------------------------|--|--|
| STUDENT'S NAME            | BIRTHDATE  | CIRCLE GRADE and/or HOMESCHOOL INDICATION<br>6 7 8 9 10 11 12 Homeschool                           |
| PARENT OR GUARDIAN'S NAME | PHONE #1 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | PHONE #2 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |
| PARENT OR GUARDIAN'S NAME | PHONE #1 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | PHONE #2 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |

## STUDENT'S MEDICAL HISTORY (Check appropriate boxes and describe nature of problem. Please check if the condition is severe and medications taken.)

|  |  |
|--|--|
| <input type="checkbox"/> ALLERGIES: (describe and list medications taken) INLCUDE DRUG ALLERGIES SEVERE <input type="checkbox"/>               |  |
| <input type="checkbox"/> RESPIRATORY/ASTHMA: <input type="checkbox"/> INHALER <input type="checkbox"/> SEVERE                                  | <input type="checkbox"/> DIABETES: SEVERE <input type="checkbox"/>                 |
| <input type="checkbox"/> SEIZURE DISORDERS: <input type="checkbox"/> SEVERE  | <input type="checkbox"/> DIGESTION/URINARY/KIDNEY: SEVERE <input type="checkbox"/> |
| <input type="checkbox"/> VISION PROBLEMS: <input type="checkbox"/> SEVERE  | <input type="checkbox"/> HEARING LOSS: SEVERE <input type="checkbox"/>             |
| <input type="checkbox"/> PLEASE CHECK THIS BOX IF YOUR CHILD HAS HAD A CONCUSSION OR YOU SUSPECT HE/SHE HAD A CONCUSSION IN THE PAST 6 MONTHS: |  |
| <input type="checkbox"/> OTHER HEALTH PROBLEMS OR MEDICATIONS TAKEN REGULARLY:   |  |

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Family Physician \_\_\_\_\_ Phone \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

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

### In case of emergency, and we cannot be contacted, please notify:

|   |                       |   |   |
|---|-----------------------|---|---|
| CONTACT #1 (other than parent/guardian)<br>Last Name First Name | RELATIONSHIP TO CHILD | PHONE #1 (include area code)<br><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | PHONE #2 (include area code)<br><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |
| CONTACT #2 (other than parent/guardian)<br>Last Name First Name | RELATIONSHIP TO CHILD | PHONE #1 (include area code)<br><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | PHONE #2 (include area code)<br><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |

*Athletic Director Use Only*

Health Plan on File (Verify with School Nurse)

Immunization Form (Homeschool ONLY)

Health Plan Available to COACH:

Previous Concussion/Have Dr. Release

**SELKIRK MIDDLE / HIGH SCHOOL  
PARENT PERMISSION FOR ATHLETIC PARTICIPATION**

**Student Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

I/We hereby give permission for any qualified hospital and doctor(s) on duty to treat and administer the necessary first aid care, including suturing, tetanus, immunizations, injections, pain relievers, drugs and x-rays as may be deemed necessary for my child.

**Medical history, drug allergies, and regular medication information is included on the attached Student Medical Form.**

I/We understand that a student cannot participate in extra-curricular activities unless covered by a **school insurance plan or our personal insurance plan that covers medical expenses**. Choose one:

\_\_\_\_\_ Yes, we have purchased student accident insurance through the school on \_\_\_\_\_ (Date).  
Proof of insurance must be attached to this form.

\_\_\_\_\_ is and will be covered by our insurance policy for this entire sports season.

Name of Insurance \_\_\_\_\_  
Company \_\_\_\_\_ Phone \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Policy #: \_\_\_\_\_

My son/daughter and I have previously read the complete **Athletic Code** and understand and agree to abide by the code and complaint process. We have signed the ASSUMPTION OF RISK form. We give our permission for him/her to participate in the following sport(s):

**(CIRCLE ALL SPORTS FOR THE CURRENT SCHOOL YEAR)**

|            |            |              |           |
|------------|------------|--------------|-----------|
| FOOTBALL   | BASKETBALL | BASEBALL     | FASTPITCH |
| VOLLEYBALL | WRESTLING  | CHEERLEADING | TRACK     |

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Athlete Signature**

\_\_\_\_\_  
**Date**

-----  
*Athletic Director Use Only*

\_\_\_\_\_  
**Assumption of Risk signed**

\_\_\_\_\_  
**Sports Physical on file**

\_\_\_\_\_  
**Athletic Director Signature**

\_\_\_\_\_  
**Date**