

2014/2015 Athletic Eligibility Packet

Athletes: Complete all forms contained in this packet and return to the Main Office.

Fall sports eligibility clearance begins on August 13th

Winter sports eligibility clearance begins on November 3rd

Spring sports eligibility clearance begins on February 18th

Before you are cleared to turnout you must:

1. Complete all forms (be sure parent or guardian signatures are included!)
 - Physical form (Physicals are good for 24 months and must not expire during the sports season; except for incoming 9th graders who need a new physical to participate in high school athletics. *White Cardstock*
 - Emergency Card *Blue Cardstock*
(All athletes must be covered by insurance and insurance information must be provided. If you do not have insurance, there are forms in the Main Office to purchase a Student Health Care Plan.)
 - Parent Permission *Blue Paper*
(All athletes must be covered by insurance and insurance information must be provided. If you do not have insurance, there are forms in the Main Office to purchase a Student Health Care Plan.)
 - Athletic Eligibility Form *Gray Paper*
 - Athletic Code *Yellow Paper*
 - Concussion Information Sheet *Purple Paper*
2. Purchase an ASB card (Starting with 2014-15 school year, FWPS has eliminated participation fees for sports)
3. Have no outstanding athletic fines
4. Attention incoming 9th graders and new students to FWHS - please bring a copy of your 2014 end of year grades for a grade check (Fall sports eligibility only).

After clearance, you will receive a pink participation slip to give to your coach. This is your ticket for practice. Have a season!

FEDERAL WAY PUBLIC SCHOOLS
MEDICAL EMERGENCY AUTHORIZATION FORM (TRAVEL CARD)

To be completed by parent or guardian and returned to the athletic trainer or athletic director.

Name of Student Athlete: _____ M _____ F _____ Student ID# _____
Address _____ DOB _____ Grade _____

As parent or legal guardian, I authorize the team physician or, in his/her absence, a qualified physician to examine the above-named student; and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to insure proper care of any injury. Transportation will be arranged if deemed necessary by school or emergency personnel. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment or transportation.

Name: _____ (Parent or guardian)	Date: _____
Parent/Guardian signature: _____	
Home Phone: () _____ () _____	Business Phone: () _____ () _____

Secondary Emergency Contact Person:	
Name: _____	Phone: () _____

Family Physician's Name: _____	Phone: () _____
Hospital Preference: _____	
Insurance company: _____	Policy number: _____

FORM #427 04/03

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Address _____ DOB _____ Grade _____

As parent or legal guardian, I authorize the team physician or, in his/her absence, a qualified physician to examine the above-named student; and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to insure proper care of any injury. Transportation will be arranged if deemed necessary by school or emergency personnel. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment or transportation.

Name: _____ (Parent or guardian)	Date: _____
Parent/Guardian signature: _____	
Home Phone: () _____ () _____	Business Phone: () _____ () _____

Secondary Emergency Contact Person:	
Name: _____	Phone: () _____

Family Physician's Name: _____	Phone: () _____
Hospital Preference: _____	
Insurance company: _____	Policy number: _____

FORM #427 04/03

Medical History

Yes No

1. ____ Are you allergic to any medication? Which? _____
2. ____ Do you take any medication regularly? Which? _____
3. ____ Do you have any chronic or recurrent illnesses Which? _____
4. ____ Have you ever been hospitalized? When? _____ Reason? _____
5. ____ Have you ever required an operation? When? _____ Reason? _____
6. ____ Have you ever had a concussion? When? _____ Reason? _____
7. ____ Have you had a tetanus shot within the last 5 years? Date of last shot: _____
8. ____ Do you wear glasses or contact lenses? (circle)
9. ____ Do you wear any dental appliance such as a bridge, plate or braces? (circle)
10. ____ Have you ever had asthma or breathing difficulties? Medication? _____
11. ____ Do you have any organs missing other than tonsils or appendix (eye, kidney, testicle, etc.)? _____
12. ____ Are you allergic to bee stings or other insect bites? What procedure should the school staff follow if this should occur?

13. ____ Are you currently taking ANY medications? (Including vitamins, aspirin, etc.) What? _____

Medical History

Yes No

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ATHLETIC PARTICIPATION FORM
Required by Federal Way Public Schools & the WIAA

Participation Year _____

Student Name _____

Address _____
Street City Zip

Student ID # _____ **Grade** 6 7 8 9 10 11 12 M _____ F _____

ETHNICITY African American/Black Hispanic White Asian Pacific Islander Native American Multi Racial

Home Phone _____ Age _____ Date of Birth _____

Parent/Guardian Name _____

Parent/Guardian Address _____
(if different from student) Street City Zip

Work Phone _____ Cell/Pager _____

Schools Attended Last 12 months _____ Date Entered 9th Grade _____

SPORTS Baseball Basketball Cross Country Cheer Drill Football Fastpitch Golf
(Circle all that apply) Gym Soccer Swimming Tennis Track Volleyball Wrestling

Does your student have an Individualized Health Care Plan? Yes _____ No _____

Insurance Company _____ Policy # _____

PARENTAL APPROVAL

Your son/daughter has chosen to participate in a Federal Way Public Schools' athletic program. Athletics can be dangerous. Accidents can happen and the risk of serious injury including paralysis and/or death does exist.

Physicals are valid for 2 Years; however, the physical cannot expire before the last date of participation for the individual sport. Athletes whose physicals expire before the last date of participation for the individual sport must be renewed prior to any participation in the sport.

Transportation to and from athletic events within the Federal Way School District and neighboring venues may not be available and will be the responsibility of the student and/or parent/guardian. Transportation information will be distributed to the athletes by coaching staffs prior to the season's first event.

The athletic participation fee does not guarantee playing time during games.

I ACKNOWLEDGE RECEIPT OF THE FWPS CONCUSSION INFORMATION SHEET AND UNDERSTAND THE RETURN TO PLAY GUIDELINES. I ALSO ACKNOWLEDGE RECEIPT OF THE SPECIFIC SPORTS SAFETY GUIDELINES AND UNDERSTAND THE INHERENT RISKS ASSOCIATED WITH THE INDIVIDUAL SPORT/S. IN ADDITION, I HAVE READ AND UNDERSTAND THE INFORMATION ABOVE AS WELL AS THE GENERAL RULES AND EXPECTATIONS FOR STUDENT-ATHLETES AS STATED IN THE MOST RECENT RIGHTS & RESPONSIBILITIES HANDBOOK AND THE CONCUSSION STATEMENT.

I hereby grant permission for my son/daughter to participate in Federal Way Public Schools athletic programs.

Parent/Guardian Signature

Date

Student's Signature

Date

FEDERAL WAY SCHOOL DISTRICT

ATHLETIC ELIGIBILITY FORM

ATHLETIC ELIGIBILITY

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

Name _____
Student Athlete

_____yes _____no

The above student is under 20 years of age.

_____yes _____no

The above student resides within the boundaries of the Federal Way school where he/she attends.

_____yes _____no

The above student resides with his/her parents/legal guardians.

_____yes _____no

The above student was in attendance in school at least 16 weeks of the previous semester.

_____yes _____no

The above student passed at least 4 full credit classes the previous semester. **For out of district transfer students only.**

_____yes _____no

The above student is presently enrolled in the Federal Way School District with a minimum of 4 full credit classes. (3 for Todd Beamer H.S.)

_____yes _____no

Student is in Running Start.

_____yes _____no

Student is a registered home school student.

School attended last year _____ from (month/year) ___/___ to ___/___

Student Signature _____ Date _____

Parent Signature _____ Date _____

Student Name: _____ ID# _____

*****PARENT AND STUDENT SIGN AND RETURN*****

Federal Way School District Athletic Code
School Board Policy 3240

The Federal Way School District believes that activities and athletics are important choices to be offered in a comprehensive and challenging educational experience for all students. To this end, the district holds the following beliefs:

1. Participation in any activity and/or athletic program shall be connected with and contingent upon the student's achievement of required academic standards.
2. Students participating in any activity and/or athletic program shall be focused on learning and improvement, both as an individual and as a member of a team or group.
3. Activity advisors and coaches shall teach, expect, practice, and model respect, responsibility, and integrity. Student participants shall demonstrate these qualities.
4. Activity advisors and coaches shall include parents as partners in the education and development of their students.
5. The purpose and goals of all activity and/or athletic programs shall be clearly defined and articulated to students and parents.

Yearly evaluations shall be conducted for each activity/athletic program and shall focus on the level of support they provide for the school's broader objectives.

Students - Your participation is a privilege and is completely voluntary. Students must be responsible for their conduct and concerned about their health. The decisions they make with regard to their conduct and health affect their performance in class and in interscholastic activities, competition, or performance. In order to represent your community, school and yourself in interscholastic competition or performance, you must be responsible for your conduct, concerned about your health, and refrain from using drugs, alcohol, and/or any tobacco products.

I. The goals of the activities/athletic program are to teach sportsmanship, teamwork and respect for fellow competitors, officials, opposing team members, and opposing team fans. The following penalties will be imposed with regard to your participation in extracurricular activities and athletics in addition to the discipline you received for your misconduct:

II. At all times during the athletic/activity season*, students are to abstain from illegally using, possessing, selling, distributing or being under the influence of:

- alcohol
- anabolic steroids
- illegal drugs
- tobacco products

*The "athletic/activity season" is defined as the time from the first day activities begin in August and continues through the last day of the school year for each individual school.

Any other corrective actions or punishments are described in the Federal Way School District Student Rights and Responsibilities Handbook which can be found on our website, www.fwps.org/fwhs.

Federal Way High School Code of Ethics

This I believe:

Knowing that all my actions reflect upon myself, my parents, school and community, I as a Federal Way High School student choose to:

- Hold myself to high standards in all things I do, for by raising my standards, I raise the standards of my school and community.
- Dress neatly, respectfully (others and yourself) and appropriately for all occasions; for neatness inspires pride.
- Exhibit respect, loyalty and support towards individuals in positions of leadership. I understand they are devoting their lives to guide us.
- Realize in the best interest of all, I should obey all rules set down by those in authority.
- Feel that a responsible and disciplined person is one who sets goals and holds themselves to high standards, expectations and ideals that she/he will define and follow no matter what.
- Respect all other people, cultures, schools, teams and their property in such a way as I would like to be respected. I should treat others as I would like to be treated.
- Understand that there are consequences for my actions. Consequences are subject to the coaches' team philosophies that are passed out at the beginning of the season and can be found on the school website; for example, missing practices may result in diminished playing time.
- Broaden my experiences and help others by participating in school and community activities.
- Know that showing pride means protecting our school's grounds and reputation.
- See that I, as a teenager, will conduct myself in such a manner as to be an asset to the community.
- Make an effort to improve myself in at least one small way everyday.

As a Federal Way High School student athlete, I understand that others will view me differently and watch my actions and decisions.

By accomplishing the above, I will be able to respect myself as well as others, which sheds a positive light on Federal Way High School. If it so happens that I happen to break the Federal Way Code of Ethics, I accept the repercussions that my coach(es), athletic program and school may impose on me as a result.

We have read and agree with above Federal Way School District Athletic Code regarding alcohol, anabolic steroids, illegal drugs and tobacco possession and use.

Parent signature _____

Student signature _____

FEDERAL WAY PUBLIC SCHOOLS

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 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

Federal Way Public Schools
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:

- 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
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems
- Forgetting 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