



DIRECTIONS FOR COMPLETION OF STUDENT ATHLETIC/ACTIVITIES PARTICIPATION PACKET

The student and parent/guardian must complete and submit a new packet prior to participation in each sport or activity, and **attention to timelines is essential**. Each packet contains the following components:

- REQUIRED STUDENT INFORMATION FOR PARTICIPATION IN ATHLETICS/ACTIVITIES (Salmon)
- CONCUSSION INFORMATION & ATHLETE/PARENT SIGNATURE SHEET
- COMPLETE & SIGN PSD ATHLETICS ATTENDANCE POLICY (White)
- WIAA SCHOOL ELIGIBILITY CHECKLIST (Lavender)
- WIAA PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION (White)
(A form provided by the health care provider's office may be substituted.)
- **SPORT-SPECIFIC SAFETY GUIDELINES (Buff)

STUDENT AND PARENT/GUARDIAN RESPONSIBILITY

1. Student obtains packet from the school Athletic/Activities Department or on the PSD Website/forms on-line
2. Student and parent/guardian complete and sign all forms where indicated.
3. If a health concern has been indicated on the REQUIRED STUDENT INFORMATION FOR PARTICIPATION IN ATHLETICS/ACTIVITIES (salmon color) form, student and/or parent/guardian must see the school nurse to obtain and attach copies of required medication form(s) and/or school health care plan(s) **before** submitting completed packet to Athletic/Activities Department.
4. Student presents REQUIRED STUDENT INFORMATION FOR PARTICIPATION IN ATHLETICS/ACTIVITIES (salmon color) form to bookkeeper and obtains initials indicating financial requirements are met.
5. Student submits completed packet to Athletic/Activities Department. If any part of packet is incomplete, entire packet will be returned to student for completion.
6. Student receives the REQUIRED STUDENT INFORMATION FOR PARTICIPATION IN ATHLETICS/ACTIVITIES (salmon color) form from the Athletic/Activities Department with "STUDENT CLEARED TO PARTICIPATE BY" signed and dated in the ATHLETIC/ACTIVITIES DEPARTMENT ONLY box. Student gives the form to the coach/advisor at or before first practice.

NOTE: **SPORT-SPECIFIC SAFETY GUIDELINES (Buff) are required for athletics only.

ATHLETIC/ACTIVITIES DEPARTMENT STAFF RESPONSIBILITY

1. Staff has participation packets available for students to pick up. (Safety guidelines attached.)
2. Staff reviews and processes submitted packets in a timely manner.
3. Staff returns entire packet to student if any part is incomplete.
4. Staff signs and dates "STUDENT CLEARED TO PARTICIPATE BY" in the ATHLETIC/ACTIVITIES DEPARTMENT ONLY box on the REQUIRED STUDENT INFORMATION FOR PARTICIPATION IN ATHLETICS/ACTIVITIES (salmon color) form and gives it to the student.

COACH/ADVISOR RESPONSIBILITY

1. Coach/Advisor will not allow student to participate until the student has submitted the REQUIRED STUDENT INFORMATION FOR PARTICIPATION IN ATHLETICS/ACTIVITIES (salmon color) form with "STUDENT CLEARED TO PARTICIPATE BY" signed and dated in the ATHLETIC/ACTIVITIES DEPARTMENT ONLY box.
2. Coach/Advisor keeps all completed REQUIRED STUDENT INFORMATION FOR PARTICIPATION IN ATHLETICS/ACTIVITIES (salmon color) forms in a notebook on site for the duration of the activity.

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 displays incoordination • Answers questions slowly | <ul style="list-style-type: none"> • 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?

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



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/Legal Guardian Printed

Parent/Legal Guardian Signature

Date

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



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Peninsula School District Athletics Attendance Policy

Please read the Athletics Attendance Policy carefully. Each athlete and their parent/guardian must sign below acknowledging you understand & accept this policy to participate in athletics in the PSD.

1. Leaving school during the school day:

You **must** sign out in the attendance office when leaving during the school day.

2. Before you check out and leave school you must:

Give the attendance office a signed note from your parent indicating the reason you are checking out of school, **or** have your parent call the attendance office before you leave school giving the reason why you are checking out of school.

3. The following reasons are excused if you miss any of your classes but want to be allowed to participate in a game or practice that same day.

It is okay to miss any of your classes when your parent/guardian gives you a signed note upon return to school to give to the attendance office or **calls** the attendance office to excuse:

- Doctor Appointment
- Dental Appointment
- Legal Appointment
- Funeral
- Personal Emergency
- School related field/activity trip

4. You will NOT participate in a game or practice that day if your attendance reflects that you have:

- Illness (III)
- Unverified absence (UNV)
- Excused absence (EXC)*
- Unexcused absence (UNX) *may also result in no participation in the following game*
- Suspended (SUS) *may also result in no participation in the following game*

► If you **arrive to school late** or **leave school early due to illness**, you **cannot** practice or participate in a game that day.

* **Please note:** if your parent has excused your absence but the reason is not listed on number 3 above, **you will not be allowed to participate that day.**

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Peninsula School District Athletic Eligibility Check List

Student Athlete Name _____

Student Age _____ Student Grade _____

Sport _____

Date _____

Year of high school sports eligibility (check one) 1 ___ 2 ___ 3 ___ 4 ___

W.I.A.A. Requirement	Yes	No	Athletic Office Comment
Student currently enrolled at Peninsula School District. Name of School: _____			
If not a Peninsula School District School, please specify one of the following:			
Private School Name: _____			
Home School: _____			
Running Start Location: _____			
On-line Academy Name: _____			
Other: _____			
Is the student a transfer student new to PSD? (check yes or no) _____			
Is the student enrolled in at least 5 classes? _____			
Did the student pass all classes on the last transcribed grade? (check yes or no) _____			If no, which class?
Does the student have a 2.0 gpa or above on last transcribed grade? (check yes or no) _____			
Does the student reside in the PSD service area with parent(s) or legal guardian(s) (check yes or no) _____			
Was the student's attendance during the previous school semester regular? (check yes or no) _____			
Was the student enrolled and in regular attendance first 15 days of current semester? (check yes or no) _____			
Did the student pass a physical exam within last 24 months? (check yes or no) _____			
Is the student participating in more than one sport per season? (check yes or no) _____			
Has it been more than 4 years since the student first entered high school? (check yes or no) _____			

PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

This form is not required as long as the conditions of 18.13.0 are met.

Name: _____ Birth Date: _____ Exam Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Sport: _____

HISTORY

- | | Yes | No | |
|-------|--------------------------|--------------------------|--|
| 1 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any illness/injury recently, or do you have an illness/injury now? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had a medical problem, illness or injury since your last exam? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any chronic or recurrent illness? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any illness lasting more than a week? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been hospitalized overnight? |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any surgery other than tonsillectomy? |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any injuries requiring treatment by a physician? |
| h. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have ANY allergies (medicines, bees, foods, or other factors)? |
| 4 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had chest pain, dizziness, fainting, passing out during or after exercise? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Do you tire more easily or quickly than your friends during exercise? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any problem with your blood pressure or your heart? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have any close relatives had heart problems, heart attack or sudden death before they were age 50? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any skin problems (acne, itching, rashes, etc.)? |
| 6 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had fainting, convulsions, seizures or severe dizziness? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have frequent severe headaches? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a "stinger" or "burner" or "pinched nerve"? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been "knocked out" or "passed out"? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a neck or head injury? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had asthma, or trouble breathing, or cough during or after exercise? |
| 9 a. | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear eyeglasses, contact lenses or protective eye wear? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any problem with your eyes or vision? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear any dental appliance such as braces, bridge, plate, retainer? |
| 11 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a knee injury? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an ankle injury? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever injured any other joint (shoulder, wrist, fingers, etc.)? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a broken bone (fracture)? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a cast, splint, or had to use crutches? |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Must you use special equipment for competition (pads, braces, neck roll, etc.)? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Has it been more than 5 years since your last tetanus booster shot? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Are you worried about your weight? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES: Have you any menstrual problems? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Have you any medical concerns about participating in your sport? |

***** ATHLETE SHOULD NOT WRITE BELOW THIS LINE *****

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):
