

CEDARCREST RED WOLVES

Athletic Clearance Information Folder

Name _____ **Phone** _____
Last Name First Name Middle Initial

Address _____ **City** _____ **Zip** _____

Grade: 9 10 11 12 **Age** _____ **Birth date** ___/___/___ **Male** **Female**

Emergency Contact _____ **Phone** (____) _____

Participation Requirements

The following check list is provided for students to assist them in meeting the requirements to gain eligibility to participate in an extra-curricular activity.

Have a completed file in the Athletic office including the following:

- I. **Signed Athletic Participation Form:**
Signatures indicating parental and student acknowledgement of the *Activity Code* of Conduct guidelines.
- II. **Medical Evaluation Report:**
Signature by a medical authority provides clearance for athletic participation. Requirements include a minimum of a complete physical every two (2) years, with a Health Care Provider clearance in the alternate year.
- III. **ASB Card Purchased, Participation Fee Paid & all outstanding fines MUST be cleared prior to eligibility.**
- IV. **Emergency Medical Treatment Card**
The name of the insurance carrier and policy number MUST be listed on the insurance form.
In addition, the authorization of the Riverview School District's Coaching Staff to obtain medical treatment in the event of an emergency.
- V. **Signed Athletic Clearance Information Folder/Package/Information:**
- VI. **Maintain all academic and attendance eligibility requirements.**

Extra-curricular participation check list:

<u>FALL SPORTS</u>	<u>WINTER SPORTS</u>	<u>SPRING SPORTS</u>	<u>OTHERS</u>
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Boys Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Band
<input type="checkbox"/> Football	<input type="checkbox"/> Girls Basketball	<input type="checkbox"/> Boys Soccer	<input type="checkbox"/> Cheerleading
<input type="checkbox"/> Girls Soccer	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Fast Pitch Softball	<input type="checkbox"/> Choir
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Other _____	<input type="checkbox"/> Girls Golf <input type="checkbox"/> Boys Golf	<input type="checkbox"/> Color Guard
		<input type="checkbox"/> Track & Field	<input type="checkbox"/> Drill/Dance

ELIGIBILITY QUESTIONS

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1) Do you reside within the Riverview School District?
<input type="checkbox"/>	<input type="checkbox"/>	2) Do you reside with your parent(s) or guardian(s)?
<input type="checkbox"/>	<input type="checkbox"/>	3) Are you a new student to the Riverview School District? If YES, where did you last attend? _____
<input type="checkbox"/>	<input type="checkbox"/>	4) Are you a foreign exchange student? If YES, what program? _____
<input type="checkbox"/>	<input type="checkbox"/>	5) Did you attend school last semester?
<input type="checkbox"/>	<input type="checkbox"/>	6) Did you pass all of your classes in the previous term?
<input type="checkbox"/>	<input type="checkbox"/>	7) Are you currently enrolled as a full-time student?
<input type="checkbox"/>	<input type="checkbox"/>	8) Have you repeated any grade(s) or withdrawn from a school since 6th grade? If so, when: _____
<input type="checkbox"/>	<input type="checkbox"/>	9) Do you have any outstanding FINES? _____
<input type="checkbox"/>	<input type="checkbox"/>	10) What is your current GPA? _____

False information may result in loss of athletic eligibility and forfeiture of team games!

ACTIVITY CODE OF CONDUCT PHYSICAL EXAMINATION FORM

PHYSICAL HISTORY QUESTIONNAIRE

- | | 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 illnesses? |
| 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 a tonsillectomy? |
| g | <input type="checkbox"/> | <input type="checkbox"/> | Have you 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, vitamin, aspirin, etc.)? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any allergies (medicines, bees, food, 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 relatives had heart problems, heart attack or sudden death before they were 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 coughing 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 problems with your eyes or vision? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear any dental appliance such as braces, bridge, plate, retainer, etc.? |
| 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 or 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"/> | Are you required to use special equipment for competition (pads, braces, neck roll, etc.)? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Has it been 5 or more years since your last tetanus shot? If so, when? _____ |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any worries or concerns regarding 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? |

PHYSICAL EXAMINATION

Height: _____ Weight: _____ Blood Pressure: _____

Pulse: _____ Visual Acuity: Left 20/ _____ Right 20/ _____

Normal

- 1) Head
- 2) Eyes (pupils), ENT
- 3) Teeth
- 4) Chest
- 5) Lungs

Normal

- 6) Heart
- 7) Abdomen
- 8) Genitalia
- 9) Neuralgic
- 10) Skin

Normal

- 11) Physical Maturity
- 12) Spine, Back
- 13) Shoulders, Upper extremities
- 14) Lower extremities
- 15) Other

Overall Assessment: Full Participation Limited Participation (explain) _____
 Recommendations (equipment, taping, rehabilitation): _____

Wrestling / Recommend Weight Class: (103 /112 /119 /125 /130 /135 /140 /145 /152 /160 /171 /189 /215 /275) _____

DATE: ____/____/____

Examiner Sign: _____ **Printed Name** _____ **Phone** _____

CEDARCREST HIGH SCHOOL ACTIVITY CODE OF CONDUCT

Philosophy: Activities are planned and organized to ensure equal learning opportunities for all participants. Emphasis is placed on sportsmanship, teamwork, skill development, respect, responsibility, and effort. Our goal is to have participants leave our program as responsible adults who are able to work with others, give their best effort and to be resilient in a changing world.

I. Activity Code of Conduct: The following activities are covered by this code:

<u>FALL</u>	<u>WINTER</u>	<u>SPRING</u>	<u>OTHER</u>
Cross Country	Boys Basketball	Baseball	* Band (s)
Football	Girls Basketball	Fastpitch	Cheer
Girls Soccer	Wrestling	Girls Golf	* Choir (s)
Volleyball		Boys Golf	Drill/Dance
		Track & Field	Color Guard
		Boys Soccer	* ASB
			* Clubs

*The Activity Code of Conduct will be in effect for these activities only if in competition with other Washington Interscholastic Activities Association (WIAA) members in WIAA sanctioned activities and will not be required to have a medical evaluation report. In addition to this policy, prior to the first day of practice each of the above named activities will have the "Athletic Clearance Information Folder" on file with the athletic director. Team/Club rules will support this document and cannot have a more severe sanction.

II. Activities

The Code of Conduct programs in the Riverview School District are completely voluntary. Students elect to participate and must accept the responsibilities that accompany that privilege. In addition to the rules governing the activities outlined in this contract, every student must abide by the Student Conduct/Discipline Policy #3100. An activity season shall be determined by the WIAA season calendar for each specific activity.

III. Student Attendance and Behavior

1. A student must be in school for the entire school day that he/she is enrolled, in order to participate in a practice for an activity that day. Exceptions are made for doctor and dentist appointments, court appearances, family emergencies, and school-related activities. Students on out-of-school suspensions may not practice or engage in an activity.
2. If a student is absent the last school day of the week, and the next competition is on a non-school day, the parent/guardian must call the school and notify the athletic director to explain the absence or the student will not be allowed to participate.
3. Truancy is defined as any amount of time away from class without proper authorization.
4. Behavior violations requiring administrative actions are established in the Student Conduct/Disciplinary Policy #3100. Violations will be addressed using standard school discipline. Coaches will also be notified.

IV. Grades:

1. The students must have passed all classes that he/she was enrolled in during the previous semester. Incoming 9th graders must have passed all of their classes at the conclusion of their 8th grade year in order to be eligible for Fall sports and activities. Failure to do so means the student will be able to practice but not compete for 5 school weeks. Probation begins on the first academic week of the school year. WIAA rule states that a full week must be a minimum of 3 days. If after 5 weeks, the student is not passing all classes, he/she shall be ineligible for the remainder of the season. Students who retake and pass a failed class during summer school will have eligibility reinstated at the start of the Fall season.
2. To maintain eligibility, the student must be earning passing grades in all classes. Participants' grades will be checked weekly by the athletic director.
 - a. If at any time a participant is not earning a passing grade, the participant will be allowed to practice and participate in interscholastic competition for a two week probationary period.
 - b. If at the end of a two week grade check the participant is not passing all classes; the participant will be allowed to practice but not participate in interscholastic competition for two weeks.
 - c. If at the end of a four week grade check the participant is not passing all classes, the participant will be removed from the team. Any participant who is placed on the non-participate list twice for the same class during a season, will be removed from the team.
3. If a student is failing two classes at any time they will be moved to level 2b (see above).

V. Alcohol, Tobacco, and Legend Drugs (use, consumption, possession, trafficking)

When students are off campus where illegal use of drugs, alcohol or controlled substance is occurring, participants who do not leave the situation immediately are in violation of the Cedarcrest High School Activity Code of Conduct policy. Should a violation occur at a Riverview School District building or at a school-approved activity off-campus, the standard school discipline sanction will also be invoked. Offenses under this category will be cumulative throughout the student's high school career.

Tobacco

1st offense: Student may not compete for 10 participation days from the day of the violation.

2nd offense: Student may not practice or compete for 60 participation days. This can be reduced from 60 to 20 participation days if the student enrolls and completes a school-approved tobacco education class.

Alcohol, Drugs, Paraphernalia and Illegal use of Legend Drugs (drugs that are legal only through prescription)

1st offense: Student will be excluded from practice and competition for 60 participation days. This can be reduced to 20 participation days if a student participates, at the parents and or students own expense, in a school-approved assessment program and follow the recommendations of the assessment.

2nd offense: Student will be excluded from practice and competition for one calendar year. Further assessment recommended.

3rd offense: The student will be excluded from participation in all activities covered by this code for the remainder of his/her high school career.

(A participation day is defined as a day in which a team has a regularly scheduled practice or competition.)

VI. Grievance/Appeal Procedures:

Contact Athletic Director or ASB Advisor for Grievance/Appeal Procedures

VII. Athletic Participation Clearance Requirements

The following check list is provided to assist students in meeting the requirements to participate in any activity. The following must be on file in the athletic office:

1. Completed and signed Athletic Clearance Information Folder
2. A complete Medical Evaluation Report yearly
3. Purchased ASB card. Participation Fee and all fines cleared
4. Completed Emergency Medical Treatment and Insurance Information

VIII. General Regulations

1. Washington Interscholastic Activities Association rules apply in all cases of eligibility, transfer, physical examinations, insurance coverage, starting dates, and in use of school equipment.
2. Letters and Awards will be based on individual team criteria.
3. An athlete who has been injured and has received medical treatment cannot participate until a signed release from a health care provider is presented to the athletic trainer or athletic director. The release form will be kept on file by the athletic department.
4. Participants are responsible for any school-owned property check out to the individual. The replacement for loss or repair of this property due to misuse or negligence will be the responsibility of the participant and his/her parents.
5. Participants are expected to attend all scheduled practices, meetings, contests and performances whether or not school is in session.
6. Participants must travel on school transportation to and from contests or performances away for Cedarcrest when transportation is provided by the school, unless prior approval is granted by the head coach or advisor.

IX. Communication

Students and/or parents who have a concern with any facet of the Activity Code of Conduct activity must follow these procedures:

1. Students/players should first contact advisor or head coach to discuss the situation. Face to face communication is always the preferred method.
2. Should a resolution not be found, parents should contact the advisor or coach to discuss the situation.
3. If necessary, following discussion with the advisor or coach, parents should contact the athletic director or the ASB advisor to discuss the situation.

REVISED 6/15/2009

RIVERVIEW SCHOOL DISTRICT NO. 407
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:

- 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

RIVERVIEW SCHOOL DISTRICT NO. 407
Concussion Information Sheet

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