



EDMONDS SCHOOL DISTRICT

20420 68th Ave. W., Lynnwood, WA 98036-7400
425-431-7153 FAX 425-431-7323

Dr. Kenneth Limón
Assistant Superintendent

Jan Beglau
Director of Athletics

Michael Clemans
Assistant Director of Athletics

Includes Brier, Edmonds, Lynnwood, Mountlake Terrace and Woodway

Student-Athletes, Parent(s)/Guardian(s):

Welcome to the interscholastic athletic programs of the Edmonds School District. We look forward to your participation and expect our programs to be positive and healthy for all participants at all levels of play.

Participation in athletics is a privilege. Student athletes must agree to uphold a high standard of behavior and ethics when participating in our programs. The signature of each student athlete on our eligibility code indicates agreement to uphold this standard. We take each individual's signature as a serious commitment to be honorable and ethical at all times when representing our schools. Likewise, we take the signature of each parent/guardian as indication of support and willingness to partner with us and your child in an ongoing effort to hold student athletes to high standards.

In the event there is a concern during the season, I encourage you to initiate respectful communication with the coach first. Although these conversations are sometimes difficult, it is important that the coach be allowed the opportunity to provide a direct response. If, after doing so, you continue to have a concern, then the next step is to contact your building athletic coordinator.

Immediate concerns directly related to the health, safety, or welfare of individuals in the program should be reported to the building athletic coordinator and my office right away. You also have the option to report serious concerns by calling the Safe Schools Tipline at 425-431-7010.

In addition to the options stated above, a feedback survey approved by the Edmonds School District Board of Directors can be submitted to the building athletic coordinator at any time during the season. The feedback survey is also available online at: <http://www.edmonds.wednet.edu/forms/athleticsurvey.pdf>.

I hope you enjoy your involvement in our interscholastic programs. This opportunity to test physical/mental skills and one's abilities against others can provide exhilarating experiences, positive memories, and many lifelong lessons. When managed skillfully and appropriately these programs are positive, healthy, and safe. This is what we strive for and what we hope you take away from our programs. Thank you in advance for your involvement, support, and feedback.

Sincerely,

A handwritten signature in black ink that reads "Jan Beglau".

Jan Beglau,
Director of Athletics
Edmonds School District

Edmonds School District Athletic Survey

*** Please return to your building Athletic Director at the end of your season. ***

SCHOOL: _____ SPORT: _____ LEVEL: _____

I. Team Culture. Please circle the response that best describes the culture of the program. If the answer is difficult to determine, circle the question mark. In the space below labeled "explain," write a brief description or explanation of the specific performance that led to your response. **PLEASE USE SEPARATE SHEET OF PAPER IF NEEDED.**

1. I felt comfortable approaching my coach with a question or idea. **Yes No ?**

Explain:

2. Our coaching staff maintained self control during games and practices. **Yes No ?**

Explain:

3. Our coaching staff modeled principles of good sportsmanship. **Yes No ?**

Explain:

4. Our coaching staff made participating in this sport a positive and rewarding experience? **Yes No ?**

Explain:

5. Our coaching staff addressed athletes who disrupted practice. **Yes No ?**

Explain:

6. My teammates treated one another with respect. **Yes No ?**

Explain:

7. The teams in this program (V, JV, 9) treated each other with respect. **Yes No ?**

Explain:

II. Additional Input. Please write your honest feeling regarding the following questions.

8. Did your coach(es) provide adequate supervision and instruction to ensure your safety? If not, please explain.

9. Do you have any additional comments or concerns that you would like to share?

High School Participation Fee - \$100.00
Due from all participants on or before the 2nd Friday of the season.*

*Students on Free and Reduced lunch status are eligible for a waiver of the fee by submitting the form below.

Free and Reduced Lunch Waiver

Individuals who qualify for free and reduced lunch and who have submitted required paperwork to the District’s Food Service Department are eligible for a waiver of the sports participation fee. Please complete the waiver information listed below and submit with athletic eligibility paperwork. The ASB Bookkeeper will confidentially verify status with the Food Service Department in order to process this waiver.

Application for Free and Reduced Lunch Waiver of Sports Participation Fee

“Child Nutrition Programs are available to all without regard to race, color, national origin, sex, age or disability”

Consent to Release Confidential Information: I authorize the Edmonds School District Food Service Department to release our meal eligibility status for the purposes of qualifying for a reduction in fees for the athletics program. This information will be used only for this purpose. I understand that if I do not authorize the release of this information it will not affect my meal eligibility status nor my ability to participate in the meal program.

Student Name: _____ Grade: _____

Date: _____ School: _____ Sport: _____

Parent/Guardian Name PRINTED: _____

Parent/Guardian Signature: _____ Day Phone: (____) _____

ASB Bookkeeper: Please verify free and reduced lunch status for this individual by **emailing** the ESD Food Service Department at henriksonh@edmonds.wednet.edu. Student must have an approved application on file with the Food Service Department in order to qualify for a participation fee waiver. Please allow the student to proceed. Food Service will email eligibility status to you, and if a question arises please contact the parent/guardian.

AFTER RECEIVING EMAIL APPROVAL PLEASE FAX (7075) OR MAIL A COPY OF THE COMPLETED FORM TO THE FOOD SERVICE DEPARTMENT WITHIN 72 HOURS.

TURN IN BOTH COPIES OF THIS FORM
One is for office file, one is for your coach

Athlete's Name: _____ Student Number: _____ Grade: _____

Check One Sport Only ___ Baseball ___ Basketball ___ Cheer ___ Cross Country ___ Dance/Drill ___ Football
 ___ Golf ___ Soccer ___ Fastpitch ___ Spring Football ___ Step ___ Swim/Dive ___ Tennis
 ___ Track/Field ___ Volleyball ___ Wrestling ___ Other _____

All Questions Must Be Completed **EMERGENCY TREATMENT RELEASE**
TO BE COMPLETED BY PARENT/COURT APPOINTED GUARDIAN

Parent/Guardian Name: _____ Phone: (____) _____

By WIAA rule, proof of court ordered/appointed guardianship must be presented.

Address: _____ City: _____ Zip: _____

I have lived at this address since (indicate month and year): _____

Alternate Contact: _____ Phone: (____) _____

Date of Birth: _____ Date of Last Tetanus Shot: _____

Chronic Problems (Asthma, Heart Murmur, Diabetes, etc.): _____

Allergies (Medication, Bee Stings, etc.): _____

Health Insurance Carrier: _____ Plan Number (Must be Listed): _____

Insurance is required. Low cost student accident insurance is available through your school. Contact your Main Office for information.

Family Doctor & Clinic: _____ Phone: (____) _____

I hereby authorize and direct any medical or surgical care including anesthesia, laboratory x-rays and other procedures necessary in the emergency medical care of the above named minor during the period of his/her sport season. In addition, I have read and understand the Athletic Eligibility Information Bulletin. Note: If you did not receive a bulletin please contact your school's Athletic Office.

Parent/Guardian's Signature: _____ **Date:** _____

ELIGIBILITY
TO BE COMPLETED BY PARENT/COURT APPOINTED GUARDIAN

- Do you live within the service area boundary of your Edmonds School District school? Yes _____ No _____
- Are you living with your natural parent(s)? Yes _____ No _____
- Are you living with a guardian? Yes _____ No _____
 By WIAA rule, proof of court ordered/appointed guardianship must be presented.
- High school students only: Is this the only high school you have been enrolled in? Yes _____ No _____
- Did you pass at least five full-time semester or trimester classes and not fail more than one class during the previous grading period? Yes _____ No _____
- Are you currently enrolled in at least five full-time semester or trimester classes? Yes _____ No _____
- Were you enrolled in five or more full time classes last semester/trimester? Yes _____ No _____
 • **Warning to Student-Athletes:** If you drop below full-time status you will immediately be declared ineligible. If you drop below full-time status the semester/trimester before your next season, you will forfeit the opportunity to take part in the next season.
- High school students only: Are you a Running Start, Home School, or Alternative school student? Yes _____ No _____
 • Ninth graders only: What middle or K-8 school did you attend? _____
- Date/Year enrolled in 9th grade _____
- Did you repeat the 7th or 8th grade? Yes _____ No _____

I have read, understand and agree to abide by the information stated in the Athletic Eligibility Information Bulletin. I certify that all information above is accurate.

Athlete's Signature: _____ **Date:** _____

\$100.00 Participation Fee (HS only) _____

CLEARANCE
TO BE COMPLETED BY ATHLETIC OFFICE

Parent Permission Form: _____ Physical Date: _____ ASB Card: _____ Comment: _____

Insurance Purchase Date (if no waiver): _____ Fines Clear: _____ Grades OK: _____ Other: _____

Authorized Signature: _____ Date: _____

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