



# 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

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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](mailto: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.**

**GIVE YOUR ATHLETIC SECRETARY  
2 COPIES OF THIS FORM.**

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: \_\_\_\_\_