

## Athletic Eligibility Information Bulletin

The Athletic Eligibility Bulletin is intended to clarify for the athletes the basic rules and regulations governing their participation in the sports program of the Edmonds School District.

### STUDENT RIGHTS

Students participating in the Interscholastic Athletic Program are governed by the rights, protection, and responsibilities as prescribed by the Washington Interscholastic Activities Association and the Edmonds School District. Students and/or their parent(s)/guardian(s) may make application for exception to these regulations and may appeal any decisions relative to such requests through their school principal.

### STUDENT RESPONSIBILITIES

Participants are required to conform to the rules and regulations of their school, the Edmonds School District, and the WIAA; and to conduct themselves in a safe and sporting manner. Violators are subject to discipline, suspension or expulsion.

### Prior to Becoming Eligible a Student Must:

#### AGE

- Be under fifteen (15) years of age on June 1 of the previous school year.

#### PRE-PARTICIPATION

- Have been in regular school attendance as a full-time student during the semester/trimester immediately preceding the season of competition. A full-time student is a student enrolled in a minimum five classes with additional classes as needed to equal no less than 2.5 semester credits, 1.66 trimester credits, or equivalent. A student failing to meet this requirement is ineligible to practice or compete until a full semester/trimester has been completed.

#### ACADEMIC

- Register for, attend, and pass a minimum five classes, with enough additional classes to equal 2.5 semester credits/1.66 trimester credits, or equivalent during the season of competition.
- If taking more than five subjects during the season of competition and the previous semester/trimester, the student may not receive less than a passing grade in more than one class.
- For purposes of determining academic eligibility, the most recent semester, trimester, or school administered progress report shall be the determining grade. At the end of the semester/trimester the final semester/trimester grade will be used.
- Upon entering the ninth grade, a student's initial academic eligibility will be determined by their record for the previous semester/trimester.

#### RESIDENCY

The student who meets all other conditions of eligibility shall be eligible at his/her middle school of attendance when properly enrolled.

#### TRANSFERS

Students considering a transfer from one school to another may have his/her eligibility affected. The athlete should check with the building principal PRIOR to this transfer.

#### PHYSICAL EXAMINATION

Have passed a physical examination from a medical authority licensed to perform a physical examination during the calendar year prior to first participation in the middle school interscholastic athletic program. The physical examination shall be valid for 24 months.

## **ADDITIONAL**

- Complete and have on file at the school the Parent Permission Form, the Athletics Physical Examination Report and the Student Extracurricular Activities Contract.
- Turn out for at least the minimum required days before competing in their first contest: Football/Wrestling: 12 Days/All Other Sports: 10 Days.
- Beginning with the fourth (4) consecutive calendar day, excluding Sunday, without practice, the total number of days missed will be subtracted from the number of days previously practiced to determine compliance with pre-contest practice requirements.
- Purchase an ASB Card and pay outstanding fines
- Complete any other requirements as required by the school or coach.

## **TO REMAIN ELIGIBLE A STUDENT MUST:**

- Maintain the academic requirements as listed above.
- Present to school officials, a medical release form before resuming participation following an injury or illness serious enough to require medical care.
- Attend school for the full day of scheduled classes in order to turn out or play in a sport that day.

## **SEASON LIMITATION**

After beginning the seventh grade in school, students shall be allowed to participate in interscholastic contests only during six (6) interscholastic competitive years. He/she shall have only two years of eligibility in the seventh and eighth grades. If the seventh or eighth grade is repeated, the student shall be eligible only during two years. After entering the ninth grade, a student shall have four (4) **consecutive** years of interscholastic eligibility.

For the purpose of this rule, consecutive shall mean starting on a designated date (entrance into grade nine) and continuing without delay or interruption for four (4) consecutive years. Interscholastic eligibility refers to being eligible for an academic year and not for each individual sport season.

Repeating any grade, nine through twelve, whether a student participates or not, will count toward a student's four (4) consecutive years of high school interscholastic eligibility.

## **ATHLETIC LIABILITY**

Participants and their parents or guardians should be aware that participation in interscholastic athletics may result in accidental injury which, in some cases, may be serious in nature.

## **NON-SCHOOL SPONSORED PROGRAM**

The Edmonds School District is not responsible or liable for non-school sponsored sports programs or programs organized, promoted, or participated in by staff members. The decision to participate in such sport programs is the responsibility of the student and his or her parents or guardians.

## **INSURANCE**

The Edmonds School District **requires** that your athlete be covered by an adequate medical insurance plan. Your family insurance plan may cover athletic participation. Please make certain of this coverage. Athletic insurance is available for purchase through your school in conjunction with the student accident insurance program and you may secure information from the main office of any of our middle and senior high schools.

# HEADS UP: CONCUSSION IN YOUTH SPORTS

## A Fact Sheet for **ATHLETES**

### WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been dinged

### WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.
- **Get a medical check up.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

### WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

### HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
  - o The right equipment for the game, position, or activity
  - o Worn correctly and fit well
  - o Used every time you play

***It's better to miss one game than the whole season.***

For more detailed information on concussion and traumatic brain injury, visit: <http://www.cdc.gov/injury>

# HEADS UP: CONCUSSION IN YOUTH SPORTS

## A Fact Sheet for PARENTS

### WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

#### Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon— while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

***It's better to miss one game than the whole season.***

For more detailed information on concussion and traumatic brain injury, visit: <http://www.cdc.gov/injury>

# High School and Middle School Parent Permission

(Valid for current school year only)

Athlete's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birthdate (month/date/year): \_\_\_\_\_ Birthplace: \_\_\_\_\_

## ELIGIBILITY

### TO BE COMPLETED BY PARENT/GUARDIAN

I have read the *Athletic Eligibility Information Bulletin* and state that my son or daughter meets the following requirements (check appropriate blanks):

- Age:** Yes \_\_\_\_\_ No \_\_\_\_\_  
Meets the age requirement for the school level.
- Residence:** Yes \_\_\_\_\_ No \_\_\_\_\_  
Resides in the Edmonds School District and the service area of the school. Note: The student must reside with natural parents(s), parent of legal custody, or court-appointed guardian (see Eligibility Bulletin). Any exception to this rule must have prior approval through the School District. First year non-resident high school students and transfers from other Edmonds School District high schools are eligible at the junior varsity level only.
- Academic:** Yes \_\_\_\_\_ No \_\_\_\_\_  
The student meets the academic requirements of the Edmonds School District.
- Amateur:** Yes \_\_\_\_\_ No \_\_\_\_\_  
The student is an amateur in good standing.
- Physical Examination:** Yes \_\_\_\_\_ No \_\_\_\_\_  
Written medical clearance from an appropriately licensed physician is on file at the school.

## MEDICAL PERMISSION

In case of an emergency involving my child, the coach or other appropriate Edmonds School District official is authorized to take all steps which may be necessary including, without limitation, the following when and if appropriate in the judgment of the official (not necessarily in the order stated when more than one step is taken): (1) call 911 or an equivalent number to summon emergency medical assistance; (2) call me or any other persons listed on the School District's *Athletic Clearance Form*; (3) call the child's physician/clinic as listed on the School District's *Athletic Clearance Form*; (4) if unable to reach persons identified in (2) and (3) above: (a) call or take my child to a locally available physician or (b) take my child to a local hospital. I hereby authorize any provider of medical assistance listed above including any physician, paramedic and any hospital to provide such medical treatment and procedures as may in his/her or its judgment be necessary.

## INSURANCE

I assume financial responsibility for medical expenses that may arise from my child's participation and understand that **the School District requires but does not provide medical insurance for my child.**

- Insurance Waiver:** Yes \_\_\_\_\_  
I have filled out the insurance information section on the School District's *Athletic Clearance Form* including both the company name and plan number of my insurance carrier. I understand I am to update the school immediately should this information change during the time my son or daughter participates in athletics.
- Insurance Purchase:** Yes \_\_\_\_\_  
I have purchased school insurance as indicated in the *Clearance Section* of the School District's *Athletic Clearance Form*. I understand this insurance is valid for the current school year only.

## WARNING AND AGREEMENT TO OBEY INSTRUCTIONS

I am aware that playing or practicing to play/participate/compete in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of playing or practicing to play/participate/compete in interscholastic sports include but are not limited to death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate/compete in interscholastic sports may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating/competing in interscholastic sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

I further understand that by following the instructions provided by the District, the risk of injury described above may be reduced, but that due to the nature of the sport I have selected, there is still risk of injury regardless of the precautions taken or procedures followed.

I further acknowledge that baseball, basketball, football, soccer, and wrestling are sports which involve sometimes violent person-to-person contact and therefore the risk of injury in these sports is even greater than other sports.

I have read and understand the information provided on this form and in the *Athletic Eligibility Information Bulletin*. I request that the Edmonds School District allow me to participate/compete in the sports or designated activities indicated on the School District's *Athletic Clearance Form*, including but not limited to, trying out, practicing, playing or otherwise participating in these sports. In addition, my signature reflects that I have read and understand the *Athletic Eligibility Information Bulletin*, *Concussion & Head Injury Fact Sheet*, and the *Student Extracurricular Activities Contract* for the Edmonds School District.

**Athlete's Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

## PARENT/GUARDIAN READ AND SIGN

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_ (student).

I have read the Edmonds School District's warning and agreement to obey instructions and understand its terms. I understand that all sports can involve many **RISKS OF INJURY**, including, but not limited to, those risks outlined. I also understand that the consequences of injury may exceed the benefits afforded by my own medical insurance and acknowledge that the District has informed me of this possibility.

I request that Edmonds School District permit my child/ward to try out for his/her school's athletic team(s) and to engage in all activities related to the team, including, but not limited to, trying out, practicing, or playing/participating in the sports indicated on the School District's *Athletic Clearance Form*. In addition, my signature reflects that I have read and understand the *Athletic Eligibility Information Bulletin*, the *Student Extracurricular Activities Contract*, the *Concussion & Head Injury Fact Sheet*, and the *Parent Permission Form* for the Edmonds School District.

**Parent/Guardian Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**BOTH SIDES OF FORM MUST BE COMPLETE AND SIGNED**

# Athletics Physical Examination Report

*For Middle and High School Clearance*

I have examined \_\_\_\_\_ and declare this student physically able to  
name of student

participate in middle or high school athletic/activity programs as follows:

1. \_\_\_\_\_ Full Interscholastic Athletic Competitive Program – Baseball, Basketball, Cross Country, Football, Golf, Soccer, Softball, Swimming, Tennis, Track and Field, Volleyball, Wrestling

**AND/OR**

2. \_\_\_\_\_ Full Related Activity Program – Cheerleading, Dance Team, Drill Team, Step Team, Weight Training

**OR**

3. \_\_\_\_\_ Restricted Athletic Program As Follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SPECIAL EMERGENCY CAUTIONS

Medical Authority's Name – *PLEASE PRINT* \_\_\_\_\_

Medical Authority's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Clinical stamp is required for verification of physical.**



Prior to the first participation in interscholastic athletics, a student shall undergo a thorough medical examination and be approved for interscholastic athletic competition by a medical authority licensed to perform a physical examination. This physical examination must include, but not necessarily be limited to:

- A. Documentation of a detailed review of the student's medical history with special attention to presence or absence of cardiovascular/pulmonary risks and/or previous significant injury and rehabilitation therefrom.
- B. Documentation of satisfactory examination of the cardiopulmonary system.
- C. Documentation of satisfactory sport-specific orthopedic screening examination.
- D. A written statement by the examiner as to the fitness of the student to undertake the proposed athletic participation, together with suggestion for activity modification if necessary.

*NOTE: During the spring of 2004, the WIAA Rep Assembly voted to increase the number of valid months for a sports physical to 24 (up from 13).*

**BOTH SIDES OF FORM MUST BE COMPLETE AND SIGNED**

# Edmonds School District Student Extracurricular Activities Contract

This Contract applies to all extracurricular activities and is in effect for up to one year.

I recognize that being a participant in student athletics or other extracurricular activities in the Edmonds School District means being a role model for other students and holding myself to a high standard of personal conduct.

In order that I may enjoy the privilege of participation in extracurricular athletics or other activities, I agree to obey and be bound by the rules of the Washington Interscholastic Activities Association, the Edmonds School District, and my school and coaches/advisors.

I understand that the full rules for student extracurricular participation in the Edmonds School District are available to me upon request, or online at: <http://staff.edmonds.wednet.edu/users/kernsj/7000/7385r1.htm>

I understand that I may lose my privilege of participation in extracurricular activities for an entire season or longer if I possess, use, or traffic in drugs, alcohol, or tobacco; or place myself in the presence of, or remain in the vicinity of, the use of such substances prohibited by criminal law; or engage in behavior that enables others to illegally use such substances. I further understand that I may be excluded from participation if I engage in criminal acts or other serious misconduct such as harassment, bullying, hazing, fighting, or cheating.

I understand that all offenses, including first offenses, for violation of these rules may result in exclusion from participation in extracurricular activities, and that exclusion from participation may be avoided or shortened only by self-reporting, truthful cooperation and voluntary assessment and treatment.

I agree to abide by all team/activity rules, and to meet and maintain compliance with all pre-participation and academic requirements for eligibility, and I understand that I may be denied participation for failure to meet these standards.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***BOTH SIDES OF FORM MUST BE COMPLETE AND SIGNED***