



Dear Parent/Guardian:

“Athletics” means more than competition between individuals or teams representing different schools. It is, rather, a means of building a way of life respected in our society. It teaches understanding and appreciation of teamwork—that to participate means success, and to follow training rules means healthy living habits and establishes high team morale. This results in a mutual trust by coaches and other team members. Athletics exemplifies the philosophy that dedication, drive, and determination bring eventual success.

Athletics is a privileged part of your total educational experience. It creates a special environment that produces experiences promoting loyalty and dedication to yourself, family, home, school, and community.

The athlete is a role model for younger students and peers. Therefore, it is important that the athlete’s behavior remain above question. As a student leader, the athlete must accept the responsibilities and obligations placed by those represented.

To help the athlete realize the above goals, it is necessary to understand that athletics are more important to the athlete than the athlete is to athletics.

We invite you to accept this challenge.

Please read and complete all of the attached paperwork with appropriate signatures. Once completed, please submit this packet back into your building athletic directors prior to being cleared for participation.

Sincerely,

Rob Swaim,
Auburn School District Director of Athletics

FOR OFFICE USE ONLY						Athletic Card Number _____				
SCHOOL YEAR _____		ASB _____		PHYS DATE _____		STUDENT # _____				
FALL:	FB	FP	GSOC	VB	GO	GSW	CC	BTE	CHEER	BWP
WINTER:	BBB	GBB	GYMN	WR	BSW	Dance	Cheer			
SPRING:		TR	BB	VB	BSOC	FP	GTE	GWP		

AUBURN SCHOOL DISTRICT ATHLETIC PARTICIPATION FORM

STUDENT NAME _____ M ___ F ___ GRADE ___ AGE ___ BIRTHDATE _____
 PARENT NAME _____ PARENT'S CELL PHONE _____
 HOME ADDRESS _____ HOME PHONE _____
 CITY/STATE/ZIP _____

PARENT CONSENT/ASSUMPTION OF RISK

We hereby give our consent for our son/daughter to engage in interscholastic activities provided by the Auburn School District unless disapproved by the examining physician. We also give our consent for the student to accompany the team to other school venues. We will comply with and support the participation rules of the Auburn School District. This application to compete in interscholastic athletics in the Auburn School District #408 is made with the understanding that eligibility rules and regulations of the state association have not been violated. Competitive athletics is a voluntary extra-curricular activity and participation may result in severe injury, including paralysis or death. No amount of reasonable supervision or training can completely eliminate the risk of possible injury.

AS A CONDITION OF PARTICIPATION IN ATHLETICS, WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING STATEMENT.

★ Parent/Guardian Signature _____ Date _____

CONSENT FOR DISCLOSURE

I hereby authorize the physicians, athletic trainers, sports medicine staff and other health care personnel treating me to release information regarding the student-athlete's protected health information and related information regarding any injury or illness during the student-athlete's training for any participation in the Auburn School District. I further understand that it is at my request to comply with the requirements of his/her school and the release of protected health information to a coach, athletic director, of school official in connection with participation in interscholastic sports. This protected health information may concern the student-athlete's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, hospitals, and/or medical clinics and laboratories, athletic coaches, medical insurance coordinators, athletic and/or school administrators, and officials of the WIAA.

I, _____, parent or guardian of _____, understand that as a parent/legal guardian give authorization/consent for the disclosure of the student-athlete's protected health information is a condition for participation as an interscholastic athlete in the Auburn School District of the purpose of the undersigned student-athlete to participate in interscholastic sports. I understand that my protected health information is protected by the federal regulations under either the Health Information Portability and Accountability Act (HIPPA) or the Family Educational Right and Privacy Act of 1974 (FERPA) and may not be disclosed without either parent/legal guardian authorization under HIPPA or consent under the Buckley Amendment. I, the parent/legal guardian understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by HIPPA and/or FERPA. I, the parent/legal guardian, understand that I may revoke this authorization/consent at any time by notifying in writing the school's athletic director, but if I do, it will not have any effect on the actions of the Auburn School District officials took in reliance to this authorization/consent prior to receiving the revocation. This authorization/consent expires one year for the date it is signed.

★ Parent/Guardian Signature: _____ Date: _____

★ Student Signature: _____ Date: _____

MANDATORY ACCIDENT INSURANCE (Check One)

- My son/daughter is currently enrolled in the Student Accident Insurance Program offered through the Auburn School District. Information regarding this plan is available through your child's school office. (OFFICE CONFIRMATION REGARDING PURCHASE)
- My son/daughter is covered by the insurance listed below and I will continue to keep it in force throughout the sports season. If there are any changes in this status, I will contact the school to inform them of changes in insurance. The high school principal or designee is authorized to contact the company named below to verify coverage limitations. I accept full responsibility for the cost of treatment of any injury that my son/daughter may suffer while taking part in the program.

Name of Insurance Company: _____

Policy or Group #: _____

★ Parent/Guardian Signature _____ Date _____

PERMISSION FOR MEDICAL TREATMENT

In the event of an emergency requiring medical attention, we hereby grant permission to a physician or other hospital personnel designated by the Auburn School District's coaching staff to attend our son/daughter. We expect every effort will be made to contact us in order to receive our specific authorization before any treatment or hospitalization is undertaken.

★ **Parent/Guardian Signature** _____ **Date** _____

MEDICAL/HEALTH CONDITIONS

Please indicate if any of the following medical/health conditions apply:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetic	<input type="checkbox"/>	<input type="checkbox"/>	Does the student carry an Insulin Pack?
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Allergies: Please give Type: _____
<input type="checkbox"/>	<input type="checkbox"/>	Concussion history?			If yes, dates: _____

Other: _____

MEDICAL EVALUATION REPORT (ALL INCOMING 6TH AND 9TH GRADERS ARE REQUIRED TO HAVE A NEW PHYSICAL)

Auburn School District policy requires that:

- *** A current physical examination is completed prior to participation at the high school level (grades 9-12) and must be dated **AFTER JUNE 1ST**, for the upcoming school year.
- *** A current physical examination is completed prior to participation at the middle school level (grades 6-8) and must be dated **AFTER JULY 1ST**, for the upcoming school year.
- *** Physicals may be valid up to 24 months from the date of the examination if all conditions are met. Physical expiration dates must extend beyond the respective WIAA season ending date.
- *** **Expiration dates occurring within a sport season shall require a new examination prior to that season.**

PHYSICIAN'S REPORT

STUDENT NAME (PRINT): _____ **DATE OF PHYSICAL EXAMINATION:** _____

Clearance for participation in Auburn School District athletics: Yes No

Physical limitations and/or recommendations: _____

To be filled out for middle school wrestlers:

If _____ competes in wrestling, the minimum weight should be no less than _____ pounds.

Student Name (Print or Type)

Medical Examiner's name (Print or type) _____ Phone number _____ Clinic Address _____

Medical Examiner's signature _____ Date _____

ATHLETIC ELIGIBILITY (High School only)

Please accurately answer the following questions pertaining to athletic eligibility. It is important to give accurate information.

Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	The student is on a waiver (non-resident, resident).		
<input type="checkbox"/>	<input type="checkbox"/>	The student resides within the boundaries of the Auburn School District		
<input type="checkbox"/>	<input type="checkbox"/>	The student resides with his/her parents/legal guardians.		
<input type="checkbox"/>	<input type="checkbox"/>	The student was in attendance in school at least 15 weeks of the previous semester.		
<input type="checkbox"/>	<input type="checkbox"/>	The student passed 5 classes during the previous semester.		
<input type="checkbox"/>	<input type="checkbox"/>	The student is presently enrolled in the Auburn School District a minimum of 5 full-credit classes.		
<input type="checkbox"/>	<input type="checkbox"/>	The student is under 20 years of age.		

Is the student: Running Start Home Schooled Alternative School Other _____

Year entered seventh (7th) grade: _____ Year entered ninth (9th) grade: _____

School attended last year: _____ Dates attended: _____ to _____

★ **Student Signature** _____ **Date** _____

★ **Parent/Guardian Signature** _____ **Date** _____

Auburn School District
ATHLETIC RULES OF CONDUCT

Auburn School District is a member of the Washington Interscholastic Activities Association and must comply with the rules as stipulated in the constitution and rules and regulations of the Association. All contestants must be eligible under the WIAA academic regulations to participate in an interscholastic contest.

Conduct: Participants shall abide by all written training rules established for the sport/activity in which he/she is participating, and shall at all times behave in a manner that conveys respect for all individuals. Acts of harassment, hazing or a criminal act defined by law will not be tolerated. In addition, a participant shall conduct him/herself with personal integrity and honesty at all times and in all situations; both as a participant and as a spectator. Unacceptable behaviors and/or misconduct may necessitate penalties as appropriate, in an attempt to reduce any behavior which negatively impacts the individual, the team/group, and/or the image of the Auburn School District Athletics/Activities. Each incident will be reviewed on a case-by-case basis by the coach/advisor, administrator, or Athletic/Activity Board.

Any athlete failing to comply with the following rules of conduct shall be subject to disciplinary action in accordance with the School District's Athletic Code. Participation in interscholastic athletics is a privilege, not a right.

RULE 1-- LEGEND DRUGS, CONTROLLED SUBSTANCES, DRUG PARAPHENALIA AND ALCOHOL USE

Penalties for violation of RCW 69.41.020-69.41.050 for the possession, use or sale of legend drugs (drugs obtained through prescription) including anabolic steroids and possession, Violation of RCW 69.50 (uniform Controlled Substances Act) or possession or under the influence of alcohol or alcohol related substances -- A violation shall be considered a violation of the eligibility code and standards, and shall subject the student to disciplinary actions as follows:

FIRST VIOLATION

Immediately ineligible for interscholastic competition for the remainder of the current season. If less than 25 days remain in the current season, ineligibility will continue into the next applicable sport season (completed in good standing) in order to complete a full 25 day ineligibility. Before returning to the next sport season, athlete must obtain a drug/alcohol assessment from a certified agency/professional and must participate in the Insight program or an equivalent drug education course.

SECOND VIOLATION

Ineligible and prohibited from participating in any WIAA sports program for a period of one calendar year from date of second violation.

THIRD VIOLATION

Permanently prohibited from participation in any WIAA athletic program for the remainder of high school eligibility

RULE 2-- ATHLETES ATTENDING FUNCTIONS WHERE ALCOHOL AND OR DRUGS IS BEING ILLEGALLY

CONSUMED: Athletes who attend a gathering where drugs and/or alcohol are being used illegally, must upon learning of the presence and/or use of such substances, make immediate and exhaustive attempts to leave the premises

FIRST VIOLATION

See chart below

SECOND VIOLATION

Suspension for 25 participation days effective immediately. Before returning to the next sport season, athlete must obtain a drug/alcohol assessment from a certified agency/professional and must participate in the Insight program or an equivalent drug education course.

THIRD VIOLATION

Expulsion from all athletics for one calendar year

FIRST VIOLATION ONLY

↓Means of Discovery↓	
Self-Referral	1 participation day effective immediately + 12 probation days.
Admittance	3 participation days effective immediately + 13 probation days.
Investigative	Suspension – 15 participation days effective immediately + 5 probation days.

RULE 3-- USE AND/OR BEING IN POSSESSION-OF TOBACCO OR TOBACCO PRODUCTS

FIRST VIOLATION

See chart below

SECOND VIOLATION

Suspension for 25 participation days effective immediately.

THIRD VIOLATION

Expulsion from all athletics for one calendar year

FIRST VIOLATION ONLY

↓Means of Discovery↓	Constructive Possession
Self-Referral	1 participation day effective immediately + 12 probation days.
Admittance	3 participation days effective immediately + 13 probation days.
Investigative	Suspension – 15 participation days effective immediately + 5 probation days.

Auburn School District No. 408
PARENT UNDERSTANDING OF ATHLETIC EVENT TRANSPORTATION

To the Parent/Guardian:

By signature below, I acknowledge that I understand the Auburn School District will be providing transportation for my child to "in-district" athletic games that begin prior to 5:00 p.m., but I assume the responsibility of providing transportation for all "in-district" athletic games that start after 5:00 p.m. I am also responsible for providing transportation for my child at the end of all "in-district" athletic games.

I understand, the Auburn School District will provide transportation for my child to and from all "out-of-district" athletic games.

★ Parent/Guardian Signature Date

★ Student Signature Date

Printed name

Street Address

City Zip

Home Phone Work Phone

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"> <input type="checkbox"/> Headaches <input type="checkbox"/> “Pressure in head” <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Neck pain <input type="checkbox"/> Balance problems or dizziness <input type="checkbox"/> Blurred, double, or fuzzy vision <input type="checkbox"/> Sensitivity to light or noise <input type="checkbox"/> Feeling sluggish or slowed down <input type="checkbox"/> Feeling foggy or groggy <input type="checkbox"/> Drowsiness <input type="checkbox"/> Change in sleep patterns | <ul style="list-style-type: none"> <input type="checkbox"/> Amnesia <input type="checkbox"/> “Don’t feel right” <input type="checkbox"/> Fatigue or low energy <input type="checkbox"/> Sadness <input type="checkbox"/> Nervousness or anxiety <input type="checkbox"/> Irritability <input type="checkbox"/> More emotional <input type="checkbox"/> Confusion <input type="checkbox"/> Concentration or memory problems (forgetting game plays) <input type="checkbox"/> 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



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



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 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"

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.

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:
 - The right equipment for the game, position, or activity
 - Worn correctly and fit well
 - Used every time you play

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

For more information and to order additional materials **free-of-charge**,
visit: www.cdc.gov/ConcussionInYouthSports

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 information and to order additional materials free-of-charge, visit:

www.cdc.gov/ConcussionInYouthSports

For more detailed information on concussion and traumatic brain injury, visit:

<http://www.cdc.gov/injury>