



**SECTION III: INJURY RISK/PARENT PERMISSION**

- My son/daughter has permission to participate in ALL school athletic/activity programs.
- My son/daughter **DOES NOT** have permission to participate in the following sports: (please list)

\_\_\_\_\_.

\_\_\_Yes \_\_\_No The medical history of the above student has changed since last physical.  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_.

Athletic activities are inherently dangerous. Accidents can happen and risks of serious injury do exist. Your signature indicates that you have completed all of the information accurately, that you have been advised that there is a risk of injury that could occur during any sports activity, and that, by signing this form, you give permission for your son/daughter to participate in the sports activity, and will hold the Chief Leschi Schools, school board, coaches, officials, volunteers, parents, students, and all other Chief Leschi employees and agents harmless for any and all costs, claims, awards, judgments, or attorney fees for damages arising out of or in any way resulting from or brought by voluntary participation in these sports activities. You also agree to pay for all medical care not covered by the above-noted insurance policy arising from a sports-related activity.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SECTION IV: ATHLETIC ELIGIBILITY**

Please answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information. A participant/parent/guardian who provides the school with false information may result in the participant being declared ineligible from interscholastic competition for a period of one year.

- \_\_\_\_\_Yes \_\_\_\_\_No The above student is under 20 years of age.
- \_\_\_\_\_Yes \_\_\_\_\_No The above student has resided with their parents/legal guardians (family unit) for the past year.
- \_\_\_\_\_Yes \_\_\_\_\_No The above student passed at least 6 academic classes of the previous grading period.
- \_\_\_\_\_Yes \_\_\_\_\_No The above student is presently enrolled in a minimum of 6 academic classes.
- \_\_\_\_\_Yes \_\_\_\_\_No Upon withdrawal from previous school attended, were you subject to an athletic code violation?

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SECTION V: PHYSICAL EXAMINATION**

(The physical examination form is to be completed by a medical authority licensed to give physical examinations.)

Washington Interscholastic Activities Association (WIAA) requires that 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. WIAA regulations state that those licensed to perform physical examinations include MD, Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP), Physician's Assistant (PA), and Naturopathic Physician. **Chief Leschi School policy requires that:**

- A current physical examination is completed prior to participation at the middle school level (grades 7-8) and must be dated **AFTER JUNE 1<sup>ST</sup> OF THE 6<sup>TH</sup> GRADE YEAR.**
- A current physical examination is completed prior to participation at the senior high level (grades 9-12) and must be dated **AFTER JUNE 1<sup>ST</sup> OF THE 8<sup>TH</sup> GRADE YEAR.**
- Physicals may be valid for 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.

# INTERSCHOLASTIC ATHLETIC PARTICIPATION INFORMATION

To All Athletes, Parents and/or Guardians:

Chief Leschi Schools desires that you have a positive and enjoyable experience while participating in the interscholastic athletic program. To help ensure this kind of experience, we request that you visit the Chief Leschi Schools website to review the Student Athlete Code of Conduct. The links within this handbook contain the vast majority of information needed to be a successful participant. This information is found at <http://www.leschischools.org>

Since awareness of this information is very important, we require that parent(s)/guardian(s) and all student-athletes acknowledge that you have been informed where to locate athletic information. Your signature is required at the bottom of this page. The school athletic director is available for assistance should you have problems locating this information, need a hard copy or need clarification in any way.

All student-athletes are held to a higher standard of academic achievement in order to be eligible to participate in interscholastic competition. There are two academic standards that every athlete must meet. The WIAA standard and the Chief Leschi Schools academic standards must both be met or exceeded to maintain eligibility while participating during an interscholastic season. This can be found within the Chief Leschi Athletic Code of Conduct on page 8.

By participating in the interscholastic athletic program, all student-athletes will be subject to the athletic code of conduct from the first day of fall turnout throughout the school year until after the last day of school. Athletes involved in code violations will be subject to either “in-season” or “out-of-season” sanctions during this period. Please take the time to read and understand this information and to discuss it with your student-athlete.

Lastly, you should also be aware that coaches are authorized to decide which athletes are selected to the team(s) and which athletes are to play in each contest. Although we have developed an extensive program to provide the most participation possible, it is an interscholastic program and there is no guarantee that an athlete will play in every contest.

Sincerely,

Chief Leschi Athletic Director  
253-445-6000

Athlete's Full Name (please print) \_\_\_\_\_ Grade: \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# CONCUSSION INFORMATION

Dear Parent and Athlete:

Each year, about 300,000 sports related traumatic brain injuries occur in our country and many of those are classified as concussions. Concussions can occur in any sport – and all are serious injuries.

On May 14<sup>th</sup>, 2009 Washington State Governor Christine Gregoire signed into law House Bill 1824 to be known as the Zachery Lystedt Law. This new law requires the education of coaches, players and parents on the recognition and management of concussions as well as establishing return to play protocol for all athletes suspected of, or having a concussion or brain injury.

As of July 26, 2009, the implementation date of the legislation, the following will apply to all school coaches, players and their parent/guardians.

1. All school coaches will have to take a training course on the nature and risk of concussions and head injuries including continuing to play after a concussion or head injury.
2. Each school year prior to initiating any turnouts or competition, all school athletes and their parents/guardians must have received training on concussions and head injuries and provide the school with a signed statement indicating they have taken this training. **Your signatures are required below.**
3. All athletes suspected of suffering a concussion or brain injury will be removed from practice or competition and not returned to play until cleared in writing by a licensed health care provider trained in the evaluation and management of concussions.

Parents and Athletes will be given an information sheet to alert and train you as to the signs and symptoms of a concussion and steps to follow if a concussion is suspected. If for any reason you did not get this information sheet, please contact your school's athletic department so that you can obtain the information sheet.

For further information: [www.cdc.gov/TraumaticBrainInjury/Fact\\_sheet\\_for\\_Parents.html](http://www.cdc.gov/TraumaticBrainInjury/Fact_sheet_for_Parents.html)

If I can be of assistance or answer any questions please do not hesitate to contact me.

Chief Leschi Athletic Director  
253-445-6000

|  |                   |
|--|-------------------|
| Athlete's Full Name (please print) _____ | Grade: _____      |
| Signature of Athlete: _____              | Date: ___/___/___ |
| Signature of Parent/Guardian: _____      | Date: ___/___/___ |

**THIS FORM MUST BE COMPLETELY FILLED OUT WITH STUDENT AND PARENT GUARDIAN SIGNATURES AND RETURNED TO THE ATHLETIC DIRECTOR BEFORE PARTICIPATION MAY BEGIN.**



## CONSENT FOR DISCLOSURE

I, \_\_\_\_\_, student-athlete, hereby authorize the physicians, athletic trainers, sports medicine staff and other health care personnel treating me to release information regarding my protected health information and related information regarding any injury or illness during my training for any participation in the Chief Leschi Schools athletic program. I further understand that it is at my request to comply with the requirements of Chief Leschi Schools and the release of protected health information to a coach, athletic directors, or school official in connection with participation in interscholastic sports. This protected health information may concern my 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 I give authorization/consent for the disclosure of the student-athlete's protected health information, that this authorization/consent is a condition for participation as an interscholastic athlete in the Chief Leschi Schools athletic program. I understand that student-athlete's protected health information is protected by the federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Education Right and Privacy Act of 1974 (FERPA) and may not be disclosed without either parent/legal authorization under HIPAA 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 HIPAA and/or FERPA. I, the parent/legal guardian, understand that I may revoke this authorization/consent at any time by notifying in writing to the school's athletic director, but if I do, it will not have any effect on the actions of the Chief Leschi Schools officials took in reliance to this authorization/consent prior to receiving the revocation. This authorization/consent expires one year from the date it is signed.

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

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_