

**CHEHALIS SCHOOL DISTRICT #302**

Grade\_\_\_\_\_

ATHLETE (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First

Month and year enrolled in lowest grade in the Chehalis School District\_\_\_\_\_

Are you new to the Chehalis School District this year? Yes\_\_\_\_\_ No\_\_\_\_\_

School last attended:\_\_\_\_\_ Where?\_\_\_\_\_

**COPY OF PHYSICAL EXAM AND HEALTH HISTORY ATTACHED.** Date of exam:\_\_\_\_\_

**REQUEST FOR WAIVER OF SCHOOL OFFERED ACCIDENT PLAN COVERAGE**

Student's Name:\_\_\_\_\_ Date:\_\_\_\_\_

Dear Principal/ Athletic Director:

I understand that my child **cannot participate** in interscholastic athletics unless he/she is covered by accident insurance that covers him/her while participating in the athletic program. I have personal insurance that will cover my son or daughter in the event of an injury and therefore do not wish to enroll my child in the accident insurance program offered by the Chehalis School District.

I accept full responsibility for the cost of treatment for any injury my child may suffer while participating in the interscholastic athletic/activity program. I have read and understand the above and request you waive my child's enrollment in the school's insurance program, and permit him/her to participate in the following sport(s):

Sport(s) athlete plans to participate in: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

The insurance company providing coverage for my child is: \_\_\_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_

Is parent or legal guardian's residence inside the Chehalis School District boundaries? Yes\_\_\_\_\_ No\_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: Home- \_\_\_\_\_  
Work- \_\_\_\_\_  
Cell- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed (parent or legal guardian): \_\_\_\_\_

## ACADEMIC REQUIREMENT

If you want to participate in a co-curricular activity at CMS, you must maintain good grades to remain eligible (Knowledge Bowl is considered a co-curricular activity).

**Grades at Start of Season:** Grade checks will be performed at the beginning of each athletic season at CMS. Any students that have a failing grade in two classes during a grade check may be removed from the team and not allowed to play during that season. When determining eligibility of students participating in fall sports (football, soccer, and cross country), fourth quarter grades of the previous year will be considered.

**Grades During the Season:** The teachers/coaches, on a weekly basis, will monitor all participants during a sports season. If a student receives a failing grade in two classes at weekly grade check time, they may be removed from the team. If a student has a failing grade in one class at weekly grade check time, the student may play but is expected to make progress toward passing all of their classes.

## ATHLETIC AND OTHER FIELD TRIPS

If you are going to a sporting event or other school activity as a participant, you will need to get to the event and back to school in school approved transportation. If your parents want to provide your transportation after the event, they must submit the request in writing. **Parents may not release you to another adult or parent.** Check with your coach/advisor for more information. Violations of this policy will result in sanctions.

## BEHAVIOR REQUIREMENTS

If you find yourself on Honor Level Three, you will be allowed to practice, but will forfeit any athletic competition until returning to Honor Levels One or Two. If you are found to be on Honor Level Four, you will be excluded from practice and athletic participation. You may return to practice after returning to Honor Level Three. Honor Levels will be monitored on a daily basis.

## SPORTSMANSHIP

Not only does CMS display school pride, we are also on top of it with sportsmanship at athletic events! This tradition of sportsmanship comes from our winning teams. Winning teams develop winning fans and winning fans make winning teams! Inappropriate yelling and profanity will not be tolerated. Enjoy the game!

## Student Athletic Code

The following rules, regulations and procedures have been adopted by the Chehalis School District:

### **Article I – ELIGIBILITY**

A student must meet and comply with the requirements for athletic participation set forth by the Washington Interscholastic Activities Association (W.I.A.A.).

### **Article II – ATTENDANCE REGULATIONS**

#### A. School Attendance

A student/athlete who is not in attendance for one-half (3 periods a day) of the regularly scheduled classes is not eligible to compete or practice on that day, unless permission is granted through the Athletic Director's office or the Principal's office. In case of doctor or dental appointments, funerals, school trips, etc., normal attendance procedures are to be followed.

#### B. Practice Attendance

Prompt and regular attendance at practice is mandatory. A student athlete who is either late or absent, should notify the coach in advance or shall have a valid excuse upon return.

### **Article III – SPECIAL REGULATIONS**

#### A. General Conduct

A student/athlete is expected to be a good citizen at school and in the community.

#### B. Training Code

1. The unlawful use, possession or consumption of tobacco, alcohol or controlled substances (drugs) is prohibited. Any student/athlete committing such acts during the sports season will be immediately suspended for the remainder of the sports season.

If the offense occurs close to the end of the season, a student/athlete may face suspension into the next sports season in which he or she participates under the following conditions: A middle school student will be suspended for a minimum of three weeks if the offense occurs at the end of the season.

Students will have no option of returning to the team during the same sports season. In order for the student/athlete to come back the next season in which they wish to participate, he or she will need to complete a drug/alcohol assessment with a qualified licensed provider and follow the recommendations of the assessment. Please note that tobacco has been moved to the same level as drugs and alcohol. The student athlete will be required to meet an appropriate counselor and follow the recommendations in order to be reinstated for the next season (refer to #3 of this section). A sports season starts with the official beginning of practice and ends upon completion of the last scheduled athletic event for which the student is eligible.

2. Under Washington State law, the possession, sale, and/or use of legend drugs including anabolic steroids is prohibited. Legend drugs are defined as prescription drugs that are being used without a prescription. The penalty for the possession, sale, and/or use of legend drugs is suspension for one sports season for the first offense, a twelve-month period for the second offense and permanently for the third offense.
3. Students who commit violations as outlined in item B.1 or B.2, will have no option of returning to the team during the same sports season. In order for the student/athlete to participate the next season (for which they are eligible), he or she will need to satisfy the following requirements:
  - A. Complete a formal assessment with a substance abuse counselor within five (5) school days of the district's written notice of violation.
  - B. Meet with the substance abuse counselor a second time, with a parent or guardian present, to discuss the results of the assessment and recommend treatment.
  - C. If a treatment program is recommended by a substance abuse counselor, the student, parent or guardian will provide written evidence and assurance that the recommended treatment is being followed and complied with.
  - D. If the approved treatment program is not timely followed to completion, the student will be suspended for the remainder of the sports season.
4. Theft of, and/or malicious damage to property of the Chehalis School District, property of another school district, or property of another student at a time when such property is on a school district premises will result in the following discipline:

**First Offense:** The student will be suspended from participation in any athletic competition (practice is allowed) for a period of ten (10) school days.

**Second Offense:** The student will be suspended from the team for the remainder of the season.
5. There may be other types of student conduct not covered in the athletic code that calls for disciplinary action. When this occurs, the building administrators and the District Athletic Director will meet to decide on an appropriate sanction.
6. Fee  
Students participating in athletic programs will be assessed the established fee for the sport of their choice.
7. Associated Student Body Card  
All student athletes at W.F. West High School and Chehalis Middle School are required to purchase an ASB card.
8. Insurance  
All student athletes must either purchase school insurance or have their parent sign an insurance waiver. Every injury must be reported to the respective coach(s) and an accident report promptly filled out and turned in to the Athletic Director's Office.

9. Equipment

All equipment checked out to the student athlete must be properly cared for and turned in promptly at the end of the sport's season. The replacement cost for all lost or stolen equipment will be charged to the student athlete.

**Article IV – ENFORCEMENT OF REGULATIONS**

In the case of an alleged athletic code violation that may result in the suspension of a student athlete from the team for the remainder of that sport season, the coach will be responsible for meeting with the student athlete and advising the Athletic Director of the infraction and contacting the parents. The coach or other authorized school district personnel shall give written notice of the alleged violation and infraction to the student athlete, with a copy going to the Athletic Director. If an investigation substantiates the allegation, the Athletic Director will impose the defined sanction. If the student athlete feels he/she is not guilty of the code violation, he or she may request, in writing, a hearing through the District Athletic Office. Such written requests must be made with five (5) calendar days of receipt of the written notice of violation and sanction. The Athletic Board will then meet within three (3) school days of receipt of notice of request to hold a hearing and shall render its written decision within three (3) days after the hearing. The Athletic Board shall consist of: (1) District Athletic Director, (2) Principal or Vice Principal for the school involved, (3) A coach not directly involved (appointed from the same school by the District Athletic Director).

The athlete shall not participate in practice or competition until after the Athletic Board issues its decision.

**Article V – CHECKLIST NEEDED FOR PARTICIPATION:**

- |                                      |   |
|--------------------------------------|---|
| _____ Physical Examination           | _____ Athletic Code                       |
| _____ Insurance                      | _____ Blue Card (medical procedure form)  |
| _____ Athletic Fee (\$20 per sport)  | _____ ASB Card (\$20/school year)         |
| _____ Concussion Awareness Agreement | _____ Transportation Fee (\$10 per sport) |

We have read and understand the terms of the Chehalis School District Athletic Code and we agree to abide by its rules and the proper enforcement of sanctions under such code. We also acknowledge the risk of potential serious injury through participation in athletics.

After careful consideration, I agree and give my permission for this student to participate in the athletic program.

**Student Athlete Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CHEHALIS MIDDLE SCHOOL STUDENTS:** All items in the above checklist must be completed prior to an athlete's first day of practice for a given sport. Please complete all forms and turn them in to the office.



Dear CMS Parents:

The Chehalis School District has adopted a district wide supervision policy for student supervision following school events. Adult supervision will be provided for thirty minutes following any school event. After that period of time the students will be without direct supervision. Students at CMS will be allowed to remain in the front hall behind locked doors where it is warm and safe if they must wait longer than the thirty minute time period. We are aware that there are certain circumstances that arise which keep parents from arriving on time. There are three adult janitors in the building at night if students have an emergency. Students may use a phone in the coach's office upon return from any away athletic event or after practice.

We will make a concerted effort to provide you with updated information if there are changes in the athletic schedule. One way to help with communication is for you to dial the Wildcat Bulletin Board (formally the homework hotline, 740-1660) and access the activities mail box (3000). If a coach finds that students will be late coming home we will leave a message on the Bulletin Board. You may access this line 24 hours a day, seven days a week.

In order for your student to participate in after school activities we need this form signed and returned to the coach. If you have any concerns or questions, please feel free to call CMS at 807-7230.

---

### **CMS Athletic Supervision Form**

I am aware that my son/daughter will be under school supervision for a maximum of thirty minutes after athletic events. After thirty minutes, he/she may remain in the front hall until my arrival.

---

Student's Name

---

Parent Signature

CHEHALIS SCHOOL DISTRICT  
ATHLETIC HEALTH EXAMINATION RECORD

\_\_\_\_\_ School \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Age \_\_\_\_\_ Birth date \_\_\_\_\_ Address \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

---

HEALTH HISTORY

(To be completed by student and/or parent; if yes, use space below to explain)

- | YES       | NO    |  |
|-----------|-------|--|
| 1. _____  | _____ | Any chronic or recurrent illness? _____  |
| 2. _____  | _____ | Any illnesses lasting more than a week? _____  |
| 3. _____  | _____ | Any hospitalizations? _____  |
| 4. _____  | _____ | Any surgery other than tonsillectomy? _____  |
| 5. _____  | _____ | Any injuries requiring treatment by a physician? _____                                     |
| 6. _____  | _____ | Presently taking any medications? _____  |
| 7. _____  | _____ | Any problem with blood pressure or heart? _____  |
| 8. _____  | _____ | Any dizziness, fainting, convulsions or frequent headaches? _____                          |
| 9. _____  | _____ | Ever been knocked out or had a concussion? _____   |
| 10. _____ | _____ | Wear eyeglasses or contact lenses? _____   |
| 11. _____ | _____ | Wear any dental appliances such as braces, bridge or plates? _____                         |
| 12. _____ | _____ | Allergic to ANY medications (aspirin, penicillin, etc) _____                               |
| 13. _____ | _____ | Any knee injury? _____   |
| 14. _____ | _____ | Any knee surgery? _____  |
| 15. _____ | _____ | Any ankle injury? _____  |
| 16. _____ | _____ | Any history of neck injury? _____  |
| 17. _____ | _____ | Any other joint sprains or dislocations (shoulder, wrist, finger, etc)?<br>_____           |
| 18. _____ | _____ | Any broken bones (fractures)? _____  |
| 19. _____ | _____ | Any organ missing other than tonsils (appendix, eye, kidney)? _____                        |
| 20. _____ | _____ | Any heat exhaustion or heat stroke? _____  |
| 21. _____ | _____ | Any reasons why this applicant should not participate in sports? _____                     |
| 22. _____ | _____ | Have any family members died suddenly under age 40 of causes other than<br>accident? _____ |
| 23. _____ | _____ | Do you have to stop while running around a quarter mile track twice? _____                 |

Please use this space if needed to further explain any of the above answers or to provide any additional information: \_\_\_\_\_

---

# PHYSICAL EXAMINATION

Physician: Please complete all of the information below

I have examined \_\_\_\_\_ on \_\_\_\_\_

*Student's Name*

*Date*

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Vision: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Both 20/\_\_\_\_

## Cardiopulmonary Examination:

	Normal	Abnormal	Explanation (if applicable)
Lungs	_____	_____	_____
Heart	_____	_____	_____
Pulses	_____	_____	_____

## Musculoskeletal Examination:

	Normal	Abnormal	Explanation (if applicable)
Neck	_____	_____	_____
Thumb	_____	_____	_____
Elbow	_____	_____	_____
Shoulder	_____	_____	_____
Knee	_____	_____	_____
Ankle	_____	_____	_____
Feet	_____	_____	_____
Back	_____	_____	_____
Joint	_____	_____	_____
Flexibility	_____	_____	_____
Joint Stability	_____	_____	_____

Problem areas:

---

---

*Wrestlers only:* Minimum Weight \_\_\_\_\_ Best Weight \_\_\_\_\_

**I certify that he/she is physically fit to participate in athletics for one calendar year from this date.**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Comments and/or restrictions:

---

---

## **CHEHALIS SCHOOL DISTRICT 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:**

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating 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

**MEDICAL PROCEDURE FORM**

Student \_\_\_\_\_ Address \_\_\_\_\_ Home phone \_\_\_\_\_

Grade \_\_\_\_\_ School year \_\_\_\_\_

Mother's name \_\_\_\_\_ Work phone \_\_\_\_\_

Father's name \_\_\_\_\_ Workphone \_\_\_\_\_

If, in any event of serious injury, your family physician is not located in the immediate vicinity and we are unable to contact one or the other parent, does the coaching staff have your permission to seek medical attention from the nearest physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ IF your answer is "No," please specify procedure you wish the coaching staff to follow: \_\_\_\_\_

\_\_\_\_\_

**If an emergency arises while your child is participating in a contest away from home, do you consent to an examination and/or treatment by a physician recommended by the host school authorities? Yes \_\_\_\_\_ No \_\_\_\_\_ If your answer is "No," please specify procedure you wish the coaching staff to follow: \_\_\_\_\_**

\_\_\_\_\_

Allergic reaction to medication? \_\_\_\_\_

Student has insurance coverage with: \_\_\_\_\_

Policy # \_\_\_\_\_ Subscriber \_\_\_\_\_

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_

Father's signature \_\_\_\_\_ Date \_\_\_\_\_

CHEHALIS SCHOOL DISTRICT  
CHEHALIS, WASHINGTON