

MIHS SPORTS REGISTRATION CHECKLIST:

NEW PROCEDURES!!

- 1. Clear all fines. Check online, or w/ASB office.
- 2. Must hold a current ASB card: \$55.00 (will purchase at Fees & Photo in Aug.)
- 3. Pay Athletic fee of \$190.00 online, or at ASB office, due dates vary according to season. **Please wait to pay for cut sports, until after try-outs.**

- 4. **NEW!!** Register online for your specific sport. You will need your Skyward Family Access Log-on/passcode. <https://wa-mercerisland.intouchreceipting.com>

>Click on student name>Items at All Schools>MIHS>Sports>Sport Registration Forms>Buy (\$0.00 amount)

>Checkout – (Upper right corner) Upon check-out, you will be routed to a simple Online Registration form.

Please complete this form in its entirety, and submit.

- 5. Check that your physical exam is current through the duration of the season.
- 6. **Parent & Student: Read the online Student Athletic Handbook:**

<http://bit.ly/mihsaeh> or scan QR code:

- 7. Complete the Paper Forms Required in the Eligibility Packet:

- ▷ Signature Page
- ▷ Concussion Policy
- ▷ Athletic Health Form
- ▷ Physician's Form (if needed)
- ▷ Athletic Medical Emergency Authorization Form
- ▷ **Sport Specific Informed Consent Letter.**

ALL FORMS MUST BE SIGNED BY STUDENT AND PARENT!

- 8. Submit Paper Forms Personally to Debbie McKenzie in the Athletic Office.

Signature Page

Student Athlete: _____

Sport: _____

VERIFICATION OF DOCUMENTED INFORMATION

As PARENT/GUARDIAN OF THE ABOVE-NAMED STUDENT, I (WE) hereby acknowledge I (WE) have read and understand the warning included in the online Athletic Eligibility Handbook, and still give permission for him/her to participate in all the sports and related activities offered by the Mercer Island School District. (If any exceptions please indicate which sport(s) _____) We realize that falsification of requested information will result in ineligibility and loss of team contests due to the participation of ineligible player. The signatures below acknowledge that a parent or guardian and the participating student acknowledge they carefully read this entire form and the information is true:

Date: _____ Parent/Guardian Signature: _____

Date: _____ Student/Athlete Signature: _____

SAFETY

I have read the Safety Form portion of the Handbook and understand the importance of safety and how it relates to physical health. I will ask my coach about specific guidelines for my sport.

Date: _____ Parent/Guardian Initial: _____ Date: _____ Student /Athlete Initial: _____

ATHLETIC TRAINING, INJURY & CONCUSSION

I have read and understand the injury and concussion policies outlined in the Athletic Training page of the Handbook.

Date: _____ Parent/Guardian Initial: _____ Date: _____ Student /Athlete Initial: _____

ACADEMIC ELIGIBILITY ACKNOWLEDGEMENT

STUDENT: I have read and understand the Academic Eligibility Requirements of Mercer Island High School. I understand the intent and the consequences of my failure to comply with the Academic Eligibility Requirements during a sport season for the school year.

Date: _____ Student/Athlete Signature: _____

PARENT: I have read the Academic Eligibility Requirements and will work with school officials and coaches to ensure my son/daughter abides by it. I am aware that my son/daughter has read the above Academic Eligibility Requirements and by his/her signature has agreed to abide by it during the sport seasons for the school year.

Date: _____ Parent/Guardian Signature: _____

ATHLETICS AND ACTIVITIES CONDUCT CODE ACKNOWLEDGEMENT

STUDENT: I have read and understand the Athletics and Activities Conduct Code in the Athletic Eligibility Handbook. I understand the intent of this code and the consequences of my failure to comply with it.

Date: _____ Student/Athlete Signature: _____

PARENT: I have read the Athletics and Activities Conduct Code and will work with school officials to ensure my student abides by it. I am aware that my student has read the code and by his/her signature has agreed to abide by it.

Date: _____ Parent/Guardian Signature: _____

I have read the **MIHS Parent/Athlete Code of Ethics** and understand the expectations placed on me as a parent of a child involved in the athletic program at Mercer Island High School.

Date: _____ Parent/Guardian Initial: _____

Date: _____ Student /Athlete Initial: _____

Uniform and Equipment Fines: In understand that when uniforms and/or equipment are not turned in at the time designated by a coach a \$25 late fee will be assessed.

Date: _____ Parent/Guardian Initial: _____

Date: _____ Student /Athlete Initial: _____

***** TRANSFER STUDENTS & FOREIGN STUDENTS ONLY *****

Student Name _____ Grade _____ Parent or Guardian's Name _____

TRANSFER STUDENTS: WIAA rule 18.10 Transferring Students - After registering and/or attending a middle level or high school, students changing enrollment to/from one school district to another shall be considered transferring students and be ineligible for varsity competition for one calendar year. **Transfer students must meet the normal residence requirements and the transferring student requirements of 18.10., 18.10.2 or 18.10.3. (available from Athletic Director - please set up a meeting with the Athletic Director).**

(Students must submit a copy of his/her transcript from previous school before competition will be allowed.)

What school are you transferring from? Name _____

City _____ State _____

Is this a private or public school? _____

Did you participate in athletics at your previous school? _____

If yes, how many years? _____ Which Sport(s)? _____

Please fill out the rest of this page

FOREIGN EXCHANGE STUDENTS:

Are you a **foreign exchange student**? _____

If yes, complete the following: When did you first enroll at this school? _____

When will you be returning to your home land? _____

****NOTE:** All foreign exchange students must see the Athletic Director and receive state approval BEFORE participation is allowed! **Foreign exchange students are eligible for 1 year of Varsity participation.**

Students transferring to this country for one year (From WIAA Eligibility Form 6)

I am participating in a cultural/educational exchange program for non-athletic reasons. As a condition of eligibility, I understand that the residence/transfer rule shall be waived for only one year at the first school that I attend. Should I remain in this country longer, I will be considered a transferring student eligible at the junior varsity level for a one-year period of time.

Name (Please print)

Date of Birth

Signature

Country of Origin

Host High School

Grade Level

School Administrator/Title

Host Family

Date

Yes No

Student has / has not graduated from high school prior to coming to the United States.

If yes, please indicate the date of graduation. _____



Concussion Policy & Information

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 the same questions/comments

Signs observed by teammates, parents and coaches may include:

- Appears dazed
- Confused about assignment
- Is unsure of game, score, or opponent
- Answers questions slowly
- Shows behavior or personality changes
- Can’t recall events after hit
- Any change in typical behavior or personality
- Vacant facial expression
- Forgets plays
 - Moves clumsily or is uncoordinated
- Slurred speech
- Cannot recall events prior to hit
- Seizures or convulsions
- Loses consciousness

Athletes with the signs and symptoms of concussion will be removed from play immediately and are required to have the signed release of a physician before being allowed to return to play. 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 will 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 written 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, it’s 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/>

ImPACT test procedures

All MIHS contact-sport athletes will take a baseline ImPACT test prior to their season starting. If the athlete sustains a concussion during their season, they will need to take a follow-up ImPACT test once symptoms clear. If the ImPACT test shows the athlete is not back up to their baseline level, they will not return to full contact until they have a clear post-concussion ImPACT test.

Print Student Athlete Name

Signature of Student Athlete

Date

Print Parent/Legal Guardian Name

Signature of Parent/Legal Guardian

Date

Mercer Island High School ATHLETIC HEALTH FORM
To be filled out by the student/parent

Student _____ Birth Date _____ Grade _____ Gender _____

Address _____ Hm. Phone _____ Wk. Phone _____

Physician's Name (Please Print) _____ Phone _____

Physician's Address _____

Date of last Tetanus Immunization? _____ Date of last Measles Immunization? _____

Explain "Yes" answers below No Yes

- 1. Overnight hospitalizations, operations or surgery? Dates No Yes
- 2. Are you presently taking any medication or pills? No Yes
- 3. Do you have any **allergies/conditions that are life threatening*** or affect school/sports? No Yes

*WAC 180-38-045 Attendance of every student at every public school who has a LIFE THREATENING health condition is conditioned upon: Parent presentation of a medication/treatment order, formulation of a nursing plan to implement the order.

- 4. Have you ever passed out during or after exercise? No Yes
 Have you ever been dizzy during or after exercise? No Yes
 Do you tire more quickly than your friends during exercise? No Yes
 Have you ever had high blood pressure? No Yes
 Have you ever been told that you have a heart murmur? No Yes
 Have you ever had racing of your heart or skipped heartbeats? No Yes
 Anyone under 50 yrs old in the family die of heart problems? No Yes
- 5. Do you have any skin problems? No Yes
- 6. Have you ever had a head injury? No Yes
 Have you ever been knocked out or unconscious? No Yes
 Have you ever had a seizure? No Yes
 Have you ever had a stinger, burner or pinched nerve? No Yes
- 7. Have you ever had heat or muscle cramps? No Yes
 Have you ever been dizzy or passed out in the heat? No Yes
- 8. Do you have trouble breathing or do you cough during or after activity? No Yes
- 9. Do you use any special equipment (pads, braces, mouth guard, etc)? No Yes
- 10. Have you had any problems with your eyes or vision? No Yes
 Do you wear glasses or contacts or protective eye or vision? No Yes

- 11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? No Yes

<input type="radio"/> Head	<input type="radio"/> Shoulder	<input type="radio"/> Thigh	<input type="radio"/> Neck	<input type="radio"/> Elbow	<input type="radio"/> Knee	<input type="radio"/> Chest	<input type="radio"/> Foot
<input type="radio"/> Forearm	<input type="radio"/> Shin/calf	<input type="radio"/> Back	<input type="radio"/> Wrist	<input type="radio"/> Ankle	<input type="radio"/> Hip	<input type="radio"/> Hand	

12. Females Only: Have your menses begun? _____
 Do they come more often than once a month? _____ Less often than every two months? _____

Explain "Yes" answers to Questions 1-12 above: _____

The signature below indicates that a parent/guardian and the participating student acknowledge they have carefully read this form and the above information is true.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Athletic Medical Emergency Authorization Form

Date _____

All 2015-2016 Sports

Grade _____ Birthdate _____ Gender _____

Name _____ Parent 1 Name _____ Parent 2 Name _____
(Last) (First) (Init.)

Home Phone _____ Parent 1 Wk. Phone _____ Parent 2 Wk. Phone _____

Address: _____ Parent 1 Cell Phone _____ Parent 2 Cell Phone _____
(House) (Street)

_____ Email Address _____
(City) (State) (Zip.)

Emergency Contact Name (other than parent) _____ Emergency Contact Phone _____

Severe Allergies _____ Drugs allergic to: _____ **Date of Last Tetanus Shot** _____

Emergency Medication _____ Chronic Illness _____

Significant Injuries or Illness (such as seizures, heart condition, fractures, concussions, or sport-related surgeries)

Date Injury Location on Body Comment

1. _____

2. _____

Other past medical conditions that the school should be aware of (add any comments on student's physical condition deemed important):

Choice of Physician to be called in case of an emergency:

1. Name _____ Phone _____

Choice of Hospital to be used _____ Health Insurance Co. _____

As parent or legal guardian, I authorize the team physician, team trainer, or the coach to render the necessary emergency procedure for any such injury. I would also authorize the above persons to provide the appropriate course of professional emergency care, such as Aid Car, EMS, or emergency room transportation, including consultation and treatment by a specialist (i.e. a surgeon or other medical professionals). Every effort will be made to contact the parents or guardians of the nature of the problem and the treatment involved beforehand.

In case of emergency, this vital medical information represents your child in your absence.

SIGNED _____ **(parent or guardian)**

Top Copy: Coach 2nd Copy: Trainer 3rd Copy: Office