

ATHLETIC PARTICIPATION ELIGIBILITY FORMS FOR 2009 / 2010

NORTH LAKE MIDDLE SCHOOL

2202 - 123RD AVE NE

LAKE STEVENS, WA 98258

(425) 335-1530 / 335-1640

NAME: _____ Circle: Male Female Grade: 6 7 BIRTHDATE: ____/____/____

ADDRESS: _____ PHONE: _____

PLEASE ANSWER ALL QUESTIONS. WHEN COMPLETED TURN FORM IN TO THE ATHLETIC OFFICE. IF COMPLETE YOU WILL THEN BE ELIGIBLE.

TO BE ELIGIBLE FOR EXTRA-CURRICULAR ACTIVITIES

- A. Athletes must pass a valid physical exam and have this recorded on file in the athletic office **prior** to the first practice.
- B. Athletes must be covered with adequate insurance **prior** to the first practice.
- C. Athletes must meet the North Lake Middle School Athletic Code requirements (see other side).
- D. Eligible athletes must have a current ASB card before being eligible to participate in any school contest.
- E. Pay athletic fee prior to first contest. The cost is \$40.00 per season. The athletic fee for students on free and reduced lunch is \$20.00 per season. Free and reduced lunch forms are available at the district office. **Please complete the attached form.**
- F. Athletes and parents must read, sign, and return the Concussion information (Lystedt Law) **prior** to first practice.

INSURANCE

WIAA REQUEST FOR WAIVER OF ACCIDENT PLAN COVERAGE:

"I understand that my son/daughter cannot participate in boys/girls after-school athletics unless he/she is covered by the school Accident Coverage Plan or one with the following minimum provisions: [1] Minimum death benefit of \$600.00. [2] Maximum payment for any one injury of at least \$500.00. [3] Coverage equivalent to the Washington State Industrial Insurance Fee Schedule for doctor's services of hospitalization with a 30-day minimum for the latter. [4] X-rays to maximum of at least \$100.00. [5] Dental coverage equivalent to the Washington State Industrial Insurance Fee Schedule of at least \$100.00."

"I have insurance coverage the equivalent to or better than the above requirements of the WIAA and will continue to keep it in force throughout the sports season. I do not wish to enroll my son/daughter in the School Accident Plan. I accept full responsibility for the cost of treatment for any injury which he/she may suffer while taking part in the program. Please waive this requirement."

COMPANY PROVIDING COVERAGE: _____ **<<OR>>** SCHOOL INSURANCE DATE: _____

PHYSICIAN'S AUTHORIZATION

[Physician's or physical form may be attached – NOTE: PHYSICALS ARE GOOD FOR 2 YEARS]

"I certify that I have examined the above-named person and find that he/she is able to participate in school sports/activities."

DATE: _____ COMMENTS: _____

PHONE: _____ PHYSICIAN'S SIGNATURE: _____

PLEASE TURN OVER AND COMPLETE OTHER SIDE

ATHLETIC CODE

ACADEMICS

North Lake student athletes must be passing **ALL CLASSES** in order to participate in an athletic contest.

ATTENDANCE

Student athletes must be in school for a minimum of half the school day on the date of a contest in order to participate, unless prior permission is granted from the Athletic Director.

BEHAVIOR

Any athlete who willfully performs or fails to perform any act which materially interferes with or is detrimental to the orderly operation of a school, a school sponsored activity, or any other aspect of the educational process within the Lake Stevens School District shall be subject to discipline, suspension, or expulsion from the athletic program of said school district.

ACKNOWLEDGEMENT OF RISK

All physical activities can result in possible injuries. Students that participate in organized and approved middle school athletics have less chance of being physically injured than students involved in activities that are not a part of school athletic programs. Elements that reduce the possibility of athletic injuries in school sports programs are: improved facilities and protective equipment, governing rules and policies, safety requirements, conditioning programs, and experienced coaches and supervisors. Athletes can further reduce his/her chance of injury by obeying all safety, following proper procedures and instructions, reporting all physical problems and injuries to the coaches, and inspecting his/her equipment daily. We realize there is a possibility that an athlete may suffer minor and/or severe injuries including paralysis or death as a result of participating in athletic activities. I understand that any athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time. Any athlete who has been removed play 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 receives a written clearance to return to play from the health care provider. The written clearance will be kept on file in the Athletic Office.

"I have read the above goals, objectives, and performance expectations of student athletes. I understand the rules and requirements that govern the athletic program at North Lake Middle School and the sanctions for rule violations and non-compliance."

STUDENT'S SIGNATURE: _____ **Date:** _____

"To the best of my knowledge, the information provided is accurate, all questions have been answered accurately and I give permission for the above named person to participate in extra-curricular activity. Further, I understand my student athlete may condition away from the practice or competitive site under limited supervision by experienced coaches and/or supervisors."

PARENT'S SIGNATURE: _____ **Date:** _____