

Fall Sports Checklist 2018

Pay your sport fee of \$100 or \$125 for football and ASB fee of \$30 online starting August 1st.

Remember to turn in your athletic packet prior to the 1st day.

The ASB/Athletic/Finance Office will be accepting completed fall athletic eligibility packets starting Wednesday, August 8th from 8:00 AM to 2:00 PM, (closed everyday 11-noon) to Mrs. Enlow and Mrs. Wright in the Sleater Kinney Annex while under construction.

Office will be closed Friday, August 10th.

Athletic eligibility packets need to be turned in prior to the first day:

Boys Tennis- starts August 20th

Football- starts August 15th

Cheer Team- starts August 15th

Girls Soccer- starts August 20th

Cross Country- starts August 20th

Girls Swimming- starts August 20th

Dance Team- starts August 15th

Volleyball- starts August 20th

All items listed below need to be turned in at the same time:

- _____ \$100 pay to play fee (for every sport played)(have the option to pay online)
- _____ \$30 for ASB card (good for 1 school year)(have the option to pay online)
- _____ Athletic Registration/**Sport physical** form (sport physicals are good for 2 years)
- _____ Warning Agreement (signed for every sport played)
- _____ Safety Guidelines (signed for every sport played)
- _____ Concussion/Sudden Cardiac Arrest Awareness form (good for 1 school year)
- _____ Expectation Contract (signed for every sport played)
- _____ Athletic Code (Signature page, good for 1 year)
- _____ Emergency/Insurance form (filled out for every sport played)
- _____ Travel Release Form (signed for every sport played)

Football, Cheer Team and Dance Team

- We already have your athletic packets from spring time on file.
- If you have an updated sports physical, please turn it in.
- You will need to pay your sport fee of \$100, \$125 for football, ASB fee of \$30 by August 15th to participate.
- You can pay fees online starting August 1st.

ATHLETES WILL NOT BE CLEARED FOR TRYOUTS/PRACTICE UNTIL ALL FINES ARE CLEARED.

ONLY COMPLETED ATHLETIC ELIGIBILITY PACKETS WILL BE ACCEPTED AND REVIEWED BY MRS. ENLOW AND MRS. WRIGHT

ATHLETIC REGISTRATION FORM AND CONTRACT

(For Office Use Only)

Sport: _____

Physical Expires: _____

Please fill out both sides

SECTION I: INFORMATION

Name _____ Student Number _____

Name of School _____ Circle Current Grade: 9 10 11 12

Home Address _____ City _____ Zip _____

Parent _____ Home Phone _____ Work Phone _____

Parent _____ Home Phone _____ Work Phone _____

Date of Birth _____ Place of Birth _____ Gender: M ___ F ___

Date of Enrollment in NTSD _____ Date First Enrolled in 9th Grade _____

Do you live in attendance area of this school? _____ Date of transfer _____

School Attended Last Semester _____ Foreign Exchange Student? _____

Sports Played _____

SECTION II: HEALTH HISTORY

Does your son/daughter have any special health problems, i.e., diabetes, allergies, seizures, etc., or has he/she had any operations or hospitalizations?

Does your son/daughter take medications regularly? _____ Type _____

Does your son/daughter wear glasses? ___ Yes ___ No Contact lenses? ___ Yes ___ No

SECTION III: PHYSICAL EXAMINATION

To be completed by a health care provider licensed to give physical examinations

I have examined _____ on _____
Name of Student Date

In my opinion the above-named student is able to participate in the following sports. Please circle.

- | | | | | | | | |
|------------|-------------|---------------|----------|--------|-----------|------------|-----------|
| Basketball | Cheer Staff | Cross Country | Football | Soccer | Tennis | Volleyball | |
| Baseball | Dance Team | Fastpitch | Bowling | Golf | Swim/Dive | Track | Wrestling |

I recommend that the pupil designated above should not be allowed to wrestle at any weight less than the indicated classification circled here:

103 112 119 125 130 135 140 145 152 160 171 189 215 275

Note: Contestants will wrestle "scratch" weight throughout the entire season. A contestant shall not wrestle more than one weight class above that class for which his actual stripped weight, at the time of weigh-in, qualifies him. The purpose of this report is to prevent undue weight reduction for competitive purposes. 275 must weigh over 189 lbs.

Physical Limitations/Recommendations _____

Health Care Provider (*licensed MD, DO, ARNP, or PA ONLY*) (please print) _____

Address _____ Phone _____

Health Care Provider Signature _____ Date _____

SECTION IV: AUTHORIZATION

As the parent/legal guardian, I authorize the team physician (or in his/her absence a qualified health care provider) to examine the above-named student in the event of an injury and to administer emergency care and arrange for any consultation deemed necessary to insure proper care of any injury. Every effort will be made to contact the parent/legal guardian to explain the nature of the problem prior to any involved treatment.

I understand that I will assume full responsibility for payment of any services rendered.

<input checked="" type="checkbox"/>	Parent/Guardian Signature _____ Date _____
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SECTION V: MEDICAL EMERGENCY INFORMATION

<i>Name of Student/Athlete</i>	<i>Date of Birth</i>	<i>School</i>
<i>First person to call in case of injury</i>	<i>Relationship</i>	<i>Phone</i>
<i>Second person to call in case of injury</i>	<i>Relationship</i>	<i>Phone</i>
<i>Medication in use</i>	<i>Medicines allergic to</i>	
<i>Medical Authority</i>	<i>Phone</i>	

SECTION VI: PARENT PERMISSION/INSURANCE

I hereby give permission for the above-named student to engage in athletics/activities in North Thurston Public Schools for the _____ school year.

Medical Insurance Company _____

Dental Insurance Company _____
(Dental coverage is advised, but is not required)

The above-named student has chosen to participate in a school district athletic/activity program. Some athletic/activity programs are more dangerous than others. Accidents can happen and risk of serious injury does exist. Your signature below indicates that you have been advised of the information on both sides of this form and gives your consent for participation. It further indicates your agreement to purchase medical insurance coverage for the duration of participation.

Medical insurance coverage must be maintained throughout sports participation! Dental insurance coverage is advised, but is not required.

Relationship to student (<i>check only one</i>):	
<input type="checkbox"/> Parent	<input type="checkbox"/> Court-appointed Guardian
<input type="checkbox"/> Other _____	
I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE ATHLETIC CODE AND BOTH SIDES OF THIS CONTRACT.	
<input checked="" type="checkbox"/>	Parent/Guardian Signature _____ Date _____
<input checked="" type="checkbox"/>	Student Signature _____ Date _____

CROSS COUNTRY

WARNING/AGREEMENT TO OBEY INSTRUCTIONS

(Both the applicant student and parent must read carefully and sign.)

I am aware that cross country is a high-risk sport and that practicing or competing in cross country will be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of practicing and competing in cross country include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well being. I understand that the dangers and risks of practicing or competing in cross country may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life. I also understand that the sport in which I participate may be so inherently dangerous that no amount of reasonable supervision, protective equipment or training can eliminate all vestiges of danger. I am informed that the District does not assume the responsibility for the medical services required for these risks.

Because of the dangers of cross country, I recognize the importance of following coaches' instructions regarding techniques, training and other team rules, etc., and to agree to obey such instructions.

In consideration of the North Thurston Public Schools permitting me to try out for the _____ School cross country team and to engage in all activities related to the team, including but not limited to trying out, practicing or competing in cross country, I have read the above warnings and I understand their terms. I understand that interscholastic athletics involve high-risk activities that in some cases are so inherently dangerous that no amount of reasonable supervision or training can eliminate all vestiges of danger.

****Students should never bring valuables to any athletic event or school activity. It is impossible to guarantee security of items at either inside or outside locations and the school district can not be responsible for loss of student property.**

_____ _____
DATE SIGNATURE OF STUDENT

I, _____ am the parent/legal guardian of _____ (student).

In consideration of the North Thurston Public Schools permitting my child/ward to try out for the _____ School cross country team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or competing in cross country, I have read the above warnings and I understand their terms. I understand that interscholastic athletics involve high-risk activities that in some cases are so inherently dangerous that no amount of reasonable supervision, protective equipment or training can eliminate all vestiges of danger. I am informed that the District does not assume the responsibility for the medical services required for these risks.

_____ _____
DATE SIGNATURE OF PARENT/LEGAL GUARDIAN

CROSS COUNTRY

SAFETY GUIDELINES

When a person is involved in any athletic activity, an injury can occur, especially in a contact sport. One should be aware that the information presented in these rules and procedures is to inform the athlete of proper techniques and the inherent dangers involved with this particular activity. Not all potential injury possibilities in this sport are listed, but athletes should be aware that fundamentals, coaching, and proper-fitting equipment are important to the safety and enjoyment of the sport.

1. Proper warm-up is essential before strenuous activity takes place.
2. Travel to and from off-campus facilities should take place as per school district procedures.
3. Run only on course as indicated by the coach.
4. In case of emergency on run, contact coach or school.
5. If you cannot get assistance, stay on course described for workout.
6. Run in pairs in unfamiliar territory.
7. Beware of objects being thrown from passing cars and car doors opening.
8. Beware of dogs.
9. Runners should be familiar with basic first aid treatment for heat exhaustion, heat stroke, sprained ankle, or other runner-related injuries.
10. When running on roads, always face the oncoming traffic. Be cautious at intersections and be acutely aware of erratic drivers.
11. Report all injuries to the coach immediately.

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the **cross country** program.



Athlete's Signature



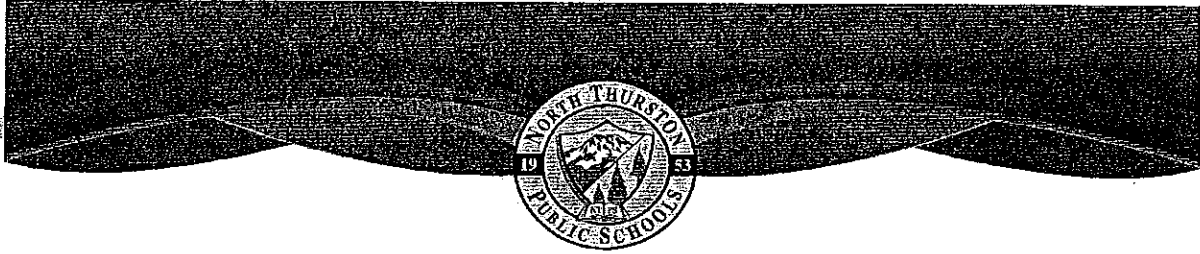
Date



Parent/Guardian Signature



Date



NORTH THURSTON HIGH SCHOOL/North Thurston Public Schools (NTPS)

Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

North Thurston High School and the NTPS believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in North Thurston High School/NTPS athletics and returned as part of the athletic eligibility packet. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.

_____	_____	_____
<i>Student Name (Printed)</i>	<i>Student Name (Signed)</i>	<i>Date</i>
_____	_____	_____
<i>Parent Name (Printed)</i>	<i>Parent Name (Signed)</i>	<i>Date</i>

We have read the NTHS Cross Country Expectation Contract

Print player's name

Print parent/guardian's name

Player's signature

Parent/guardian's signature

Date signed by player

Date signed by parent/guardian

CONFIRMATION SHEET

Student athletes are leaders of our schools and have certain obligations and responsibilities in their behavior. Athletes must abide by the following North Thurston Public Schools policies. Failing to comply with these guidelines may result in disciplinary consequences. By signing this confirmation sheet, student athletes agree to:

- Obey all rules and regulations of the Washington Interscholastic Activities Association (WIAA) their school and the NTPS.
- Not provide/use or be in possession of any illegal drugs, alcohol, tobacco products/vapor materials/equipment or weapons.
- Not knowingly remain at any location where controlled substances, legend drugs, steroids, alcohol, and or tobacco products/vapor materials/equipment are being used illegally.
- Attend all classes unless appropriately excused by a parent or legal guardian and approved by the school principal or designee and the head coach.
- Meet all WIAA academic and residence eligibility regulations.
- Conduct themselves appropriately in school, the community and on social media.
- When on athletic trips, student athletes must remain with the team at all times, conduct themselves in an appropriate manner and follow directions from the coaching staff.
- Attend all practices/meetings unless they have received approval by their coach for being excused.
- Be respectful on the field of competition in which they are participating.
- Follow all additional expectations established by the head coach.*

* Coaches must inform all of their players of additional expectations. The additional expectations must be in writing and distributed to all participants and signed by parent/guardian and returned to coach prior to the first interscholastic competition.

Please read the attached Athletic Code. Sign and date on the lines below that both student athlete and parent have read and understand the information. Signing acknowledges understanding that the student will be held to the Athletic Code throughout the remainder of his/her high school eligibility. Withdrawal from the NTPS or the student-athlete's school for any period of time does not "erase" prior athletic code violations from the student-athlete's record in the event that further violations occur.

****Please return this sheet to your school's athletic office.**

Student's Name: _____
Print Name

Athlete Signature Date

Parent/Guardian Signature Date

North Thurston High School

Athletic Travel Release For Away Fall Athletic Events

Athlete's Name: _____ Sport participating in: _____

Dear NTHS Athletic Office:

This is to certify that my athlete named, _____, has my permission to ride home with any of these adults (listed below) from an NTHS away athletic event for the 2018-19 **fall sport** school year, instead of riding the bus back to NTHS. I certify, that I will be personally transporting my athlete home from all or some of the away athletic events and I authorize these adults (listed below) to also transport my athlete home from any away events if I am not available to.

Name: (please print)

Relationship to athlete:

Name: (please print)

Relationship to athlete:

Name: (please print)

Relationship to athlete:

Name: (please print)

Relationship to athlete:

Valid ID will need to be shown to the coach, when transporting an athlete home from away events. This form has to be approved and on file, in the ASB/Athletic Office/Finance Office, prior to transporting an athlete home.

Only the parent/guardians listed or other authorized adults listed above can transport an athlete home from any away athletic events. If you wish to not sign this form, the athlete will have to ride the bus home from away athletic events back to NTHS.

Parent/Guardian Signature

Parent/Guardian Name (print)

Date

Thank you,
Eddie Gentry, Athletic Director