



ATHLETIC / ACTIVITY REGISTRATION – 2020-21 School Year

Student's School _____ Season _____ Sport _____

EMERGENCY INFORMATION

Student: _____ Birth Date: _____ Gender: _____ Grade: _____
Last First M.I.

Guardian #1 Name _____ Guardian #1 Cell _____ Alt Phone _____
 Guardian #2 Name _____ Guardian #2 Cell _____ Alt Phone _____

Home Mailing Address _____
 Guardian #1 contact e-mail _____ Guardian #2 contact e-mail _____

Emergency Contact Name _____ Emergency Contact Phone # _____
 Family Physician _____ Physician's phone # _____
 Preferred Hospital _____ Hospital phone # _____
 Medical Insurance Coverage (Required, unless waived under [NTPS Policy 2151](#)) _____ Policy No. _____

STUDENT'S MEDICAL HISTORY

Allergies _____ Chronic Illnesses _____
 Regular Medications _____ Date of last tetanus immunization _____

Recent Injuries, Conditions or Illness That May Impact Student's Ability to Participate (Within last twelve months):

Date _____	Injury or Illness _____
Date _____	Injury or Illness _____
Date _____	Injury or Illness _____

Other past injuries or illnesses about which the school should know about: _____

MEDICAL INSURANCE COVERAGE MUST BE MAINTAINED THROUGHOUT SPORTS PARTICIPATION. DENTAL INSURANCE COVERAGE IS ADVISED, BUT IS NOT REQUIRED.

IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY INVOLVING THIS STUDENT, I AUTHORIZE THE PRINCIPAL, ATHLETIC DIRECTOR, ATHLETIC TRAINER, OR COACH TO ACT ON MY BEHALF TO MAKE DECISIONS REGARDING OBTAINING/AUTHORIZING MEDICAL CARE OR OTHER ACTIONS TO PROTECT THE STUDENT PENDING CONTACT WITH ME. IF I CANNOT BE CONTACTED AND IMMEDIATE MEDICAL CARE IS REQUIRED, I FURTHER AUTHORIZE AND GIVE MY PERMISSION FOR EMERGENCY RESPONDERS AND MEDICAL PROFESSIONALS TO DO WHAT IS NECESSARY TO MAINTAIN THE HEALTH OF THIS STUDENT.

Parent or Guardian Signature _____ Date: _____

SPORTS PHYSICAL EXAMINATION

Washington Interscholastic Activities Association (WIAA) regulation 17.11.0 requires that prior to the first practice for participation in interscholastic athletics a student shall undergo a thorough medical examination and be approved for high school interscholastic athletic competition by a medical authority licensed to perform a physical examination.

North Thurston Public Schools allows for a physical examination to be valid for 2 years. A Sports Physical Examination Form must be completed and signed by those licensed to perform physical examinations including a Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP), Physician's Assistant (PA) and Naturopathic Physician. The Sports Physical Examination form must be turned into the ASB office prior to the first practice.

GENERAL STANDARDS FOR PARTICIPATION

Student athletes are expected to adhere to the rules set forth by the WIAA, the NTPS Student Rights and Responsibilities Handbook and their respective high school handbooks and Athletic Codes. Eligibility to participate in WIAA contests is governed by Article 18.0, of the WIAA Handbook, which sets standards including minimum academic achievement in classes, residency, age, amateur status, and other matters. The WIAA Handbook is available on-line at: wiaa.com/handbook. A student may also be restricted or removed from participation in athletics or other activities due to violations of applicable student behavior rules for students generally or for athletes or activities participants specifically under NTPS, building, or team handbooks or rules. In addition, student athletes must meet the following criteria to be eligible for interscholastic sports consideration:

NOTE:

By signing all signature lines below, you state you have downloaded and **READ** all of the required forms and agree to adhere to the rules and expectations of North Thurston Public Schools and your High School.

- The student [Athletic Code](#) has been read & agreed upon by **guardian AND student athlete**. ntps.news/athleticcode

Parent/Guardian Signature _____ Date: _____

Student Athlete Signature _____ Date: _____

- The [Warning Agreement to Obey Instructions](#) form (for **EACH SPORT** participating in) has been read and agreed upon by **guardian AND student athlete**. ntps.news/athleticguidelines

Parent/Guardian Signature _____ Date: _____

Student Athlete Signature _____ Date: _____

- The [Safety Guidelines](#) form (for **EACH SPORT** participating in) has been read and agreed upon by **parent/guardian AND student athlete**. ntps.news/athleticguidelines

Parent/Guardian Signature _____ Date: _____

Student Athlete Signature _____ Date: _____

- The [Head Injury and Concussion Warning/Information & Sudden Cardiac Arrest Awareness Info Sheet](#) has been read and agreed upon by **parent/guardian AND student athlete**. ntps.news/athleticguidelines

Parent/Guardian Signature _____ Date: _____

Student Athlete Signature _____ Date: _____