

Kirkland Middle School Athletic Program
Information Sheet for 2018-19 School Year

ATHLETIC ELIGIBILITY CHECKLIST

- _____ **LWSD Middle School Sports Physical Form** signed by both student & guardian (**once per school year**)
Includes: Physical examination clearance (**physical portion is good for 2 years from date of exam**)
- _____ **Athletic Emergency Information (once per year)** - Back side of athletic physical form
- _____ Read the **Athletic Policy, Concussion & Cardiac Arrest Information** – Initial bottom of clearance form
- _____ Pay participation fee (\$75.00) check or cash at school or online under “For Parents-Parent Access”
- _____ Purchase ASB card (\$25.00) per year-check or cash at school or online under “For Parents-Parent Access”
- _____ Have no fines or fees **(Checks made payable to: Kirkland Middle School)**

_____ Would you like to make a donation toward another student’s participation fee?
(If so, please contact Karla Parker or Carol Hinrichs at Kirkland Middle)

First quarter: (Sept 10 - Oct 26) we offer: Co-Ed Cross Country, Boys Tennis & Boys Basketball
Second quarter: (Oct 29 – Dec 21) we offer: Girls Badminton & Boys Soccer
Third quarter: (Feb 5 - March 29) we offer: Girls Basketball & B/G Wrestling
Fourth quarter: (April 15- June 7) we offer: Co-Ed Track, Girls Tennis, Girls Volleyball

Sign-ups - Located in the main office starting 2-3 weeks prior to first practice.

Fees - **\$75.00 per sport with an individual cap of \$150.00, siblings at the same school are capped at \$225.00 per year.** Fees must be paid prior to the first practice to the bookkeeper or online under Parent Access. Parents of students who need assistance with the fee should contact Karla Parker in the main office or Carol Hinrichs in the Counseling office – Scholarships are available.

Refund Policy – Refunds are provided under the following conditions:
Student quits due to illness, injury or family moving **prior to 1st contest = 100%**

Practices -After school on Monday, Tuesday, Thursday and Friday’s from 2:45-4:30 (end time varies per sport)

Competitions – Between other schools will start 8-10 days after practices start. Students travel to and from other schools via district buses. Parents may transport their own student home after the competition with permission of coach.

Athletic Eligibility: Students are required to have 8 practices prior to participation in first contest. Students must be in attendance for at least three class periods of the school day in order to participate in any school related activity or sporting event. Also, to maintain athletic eligibility, the student must have passing grades in all subjects taken and a current 2.0 GPA.

In addition to the above sports, there will be 2 two-week Intramural sessions that will include:

Session one: 2 weeks (Jan 7 – Jan 18)	TBD
Session two: 2 weeks (Jan 22 – Feb 1)	TBD

Intramural fee is \$25.00 per session (does not go toward family max for regular sports), participants must also pay the ASB fee of \$25.00 per year.
A physical form or Intramural registration form must be signed and turned in prior to participating.

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Middle School Sports Physical Examination Clearance



Student's Name _____
 (Last) (First) (MI)

ASB fee paid: _____
Sports fee paid: S1 S2 S3 S4
Family paid: _____

Gender: Male Female Date of Birth _____ Grade _____

Primary parent/guardian _____ Email _____

Primary phone # _____ Secondary Phone # _____

Secondary parent/guardian _____ Email _____

Primary phone# _____ Secondary Phone# _____

Physician _____ Physician Phone _____

Physical Examination/Clearance (completed by physician only)	
Medications _____	Height _____ Weight _____
Vision _____	BP _____ HR _____ UA _____
Eyes _____	GI / GU _____
Ears _____	Allergies (food/medicines) _____
Nose _____	Skin _____
Teeth _____	Musculoskeletal _____
Heart _____	Neurological _____
Lungs _____	
Do you know any reason why this child should not participate in the athletic programs in the Lake Washington School District?	
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain _____	
Assessment: <input type="checkbox"/> Full Participation <input type="checkbox"/> Limited Participation (describe limitations below)	
Physician's signature _____	Date of original exam _____

Health History - check all that apply (To be completed by parent/guardian)

Asthma _____ Convulsions _____ Neck or back surgery _____ Contact lenses _____
 Concussion _____ Heart problems _____ False teeth or bridge _____
 Epilepsy _____ Dehydration problems _____ Abnormal bleeding _____
 Sprains/strains/fractures _____
 Anything else _____
 Current medications _____
 Preferred hospital _____

Emergency Contact: (Relative or neighbor) _____ Phone #: _____
 Other phone numbers where we can reach you in emergency _____

Insurance Information: I have medical coverage for doctor's services and hospitalization and will continue to keep it in force throughout the sports season. I accept full responsibility for the cost of treatment for any injury my student may suffer while participating in the athletic program.

Insurance Company Name _____ **Policy #** _____

Medical Authorization: As a parent or legal guardian, I authorize a qualified physician to examine the above named student in the event of an injury to administer emergency care and arrange for any consultation by a specialist, including a surgeon, deemed necessary to ensure proper care of any injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

We certify that we have read, understand, and agree to the following:

Athletic Policy w/ Refund Information (student Initials) _____ (parent Initials) _____
Concussion Sheet- Lysted Law & Sudden Cardiac Arrest (student Initials) _____ (parent Initials) _____

By signing below I agree that all information provided is true and correct.

 Student signature

 Parent signature

 Date

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ATHLETICS EMERGENCY INFORMATION

Student's name _____ Date of Birth _____
(Last) (First) (MI)

Parent/Guardian's name _____ Address _____

Home Phone: _____ Father's Phone: _____ Mother's Phone: _____

Name of Insurance Company: _____ Policy Number: _____

Two persons you recommend we call in the event you cannot be reached:

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

Hospital Preference: _____

Physician Preference - Name: _____ Phone: _____

Date of last Tetanus Booster: _____ Allergies: _____

MEDICAL AUTHORIZATION: As a parent or legal guardian, I authorize a qualified physician to examine the above named student in the event of an injury to administer emergency care and arrange for any consultation by a specialist, including a surgeon, deemed necessary to ensure proper care of any injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

Parent/Guardian Signature: _____ Date: _____

PERMISSION TO SHARE INFO/PHOTOS WITH MEDIA (circle) LWSD only Local News None

**Lake Washington School District
Kirkland Middle School
Athletic Policy**

Interscholastic athletics in the Lake Washington School district are intended to provide opportunities for students to participate in structured and supervised programs that promote good sportsmanship and fair play in a competitive environment.

1. The athletic program of the Lake Washington School District Middle School Conference, though not regulated by, subscribes to the guidelines of the Washington Interscholastic Activities Association. Each school maintains a copy of the WIAA constitution, rules and regulations.
2. Principals of Conference schools are the recognized authorities regarding matters pertaining to athletic programs.
3. Eligibility requirements, which each student athlete must meet prior to receiving equipment and participating in a practice, are as follows:
 - a. A physical examination with doctor's signature and date of original exam on a school provided physical form. Students must provide an update of physical condition by having the physician's permission for participation with his/her signature and current date. A doctor's physical is good for 2 years from the original exam date. (Forms available in the school office)
 - b. Proof of medical insurance coverage or purchase of school insurance. (School insurance forms available in the school office)
 - c. A medical emergency authorization form signed by a parent or guardian, together with an emergency contact number in the event a parent/guardian cannot be reached. (The medical emergency card is located on the back side of the Physical Form)
 - d. Membership in the Associated Student Body (ASB) of Kirkland Middle School. The ASB card may be purchased at the school for \$25.00 and is valid for the current school year.
 - e. No outstanding fines or fees.
 - f. Pay participation fee of \$75.00
Refunds will be provided under the following conditions
 1. Student quits due to illness or injury prior to 1st contest = 100%
 2. Student quits due to family moving prior to 1st contest = 100%
 - g. Concussion, Sudden Cardiac Arrest and Athletic Policy forms read; Both parent and student initials are required on the clearance form.
4. Attendance – Student athletes are expected to participate fully in all regular school activities and classes each day, including physical education activities, in order to participate in an extra-curricular activity. In the event of a medical or dental appointment, one-half day of attendance is mandatory. Attendance at practice sessions, meetings, and games are required unless absent from school, excused by a coach or detained by another instructor. Coaches will establish individual sport policies regarding tardiness and unexcused absences from practice. If a student is suspended from school (in-house suspension or out-of-school suspension) that student is not eligible to participate in extra-curricular activities that day.
5. 8 practice requirements must be met prior to participation in the first contest.
6. Use of tobacco, alcohol and/or other illegal drugs during a sport season will constitute grounds for suspension from the sport or activity for the remainder of the season. A second violation in the same school year will constitute grounds for suspension from participation in the athletic program for the remainder of the year.
7. Student athletes are expected to demonstrate citizenship and conduct that is beyond criticism at all times. Student athletes violating school behavior expectations can expect school discipline and athletic discipline up to and including temporary and permanent suspension from the team.

8. In the event of a student athlete is injured during a practice or contest, the supervising coach is to be notified immediately in order to obtain proper care and prevent further injury.
9. Student athletes receiving school issued equipment are responsible for that equipment and, in the event of loss or damage will be required to pay the replacement charge.
10. Transportation is provided by the school district in most cases to athletic events. Athletes are required to travel to and from contests with the entire team, unless excused by a coach. Written parent request is required in order for the coach to release a student from riding the team bus. Students returned to the school by parent transportation cannot expect access to the locker room until the coach returns from the game site.
11. Student athletes represent their schools and are expected to be good ambassadors and display good sportsmanship at all times including on buses. Students failing to conduct themselves accordingly are subject to discipline up to and including suspension from the team.
12. Academic eligibility. Student athletes must have a GPA of 2.0 and be failing no classes. Students not meeting academic eligibility or whose academic performance falls below the stated standard during a season may be placed on academic probation. A grade check will occur following the third week of each season with a 5-day probation period for athletes not meeting academic eligibility requirements.

KEEP THIS FORM FOR YOUR INFORMATION

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PARENT/ATHLETE COPY - DO NOT RETURN

CONCUSSION INFORMATION SHEET – LYSTED LAW

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:

- | | |
|--|--|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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 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 too 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 athletes will often fail to report

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symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to 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:

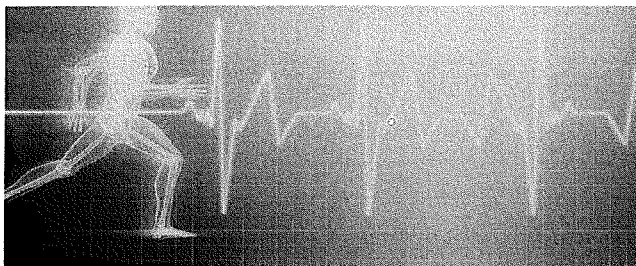
"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

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 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/>

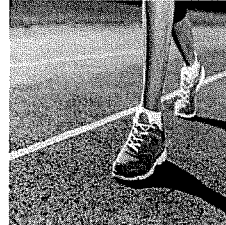
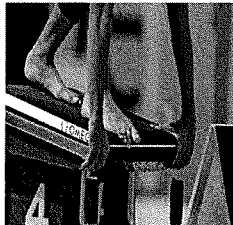
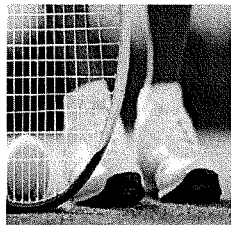
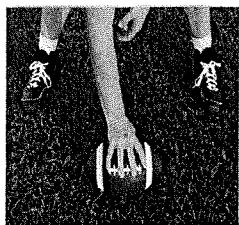


Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

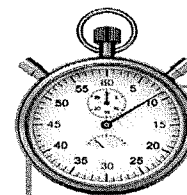
What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!



Cardiac 3-Minute Drill

1. RECOGNIZE Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!
Every Second Counts!**