

Deer Park High School

Student Athlete Eligibility Packet

2011 - 2012



Parent Permission Reminder

A student athlete is ineligible to participate in any sport until **ALL** the following forms are properly completed and on file in the athletic office: (Please check off when you have completed these forms)

- Current Physical Examination
- Emergency Information Form
- Athletic Eligibility Form
- Concussion Information Form
- Student Photo Permission Form
- Purchase Student ASB Card

Deer Park High School Athletic Department
2011 – 2012 Athletic Eligibility Packet

Please print the following information:

Athlete's Name: _____ Grade: _____ Birth date: _____

Home Phone #: _____ Other Contact #: _____

Please check all sports that you wish to participate in throughout the school year. ***This participation form will also cover any school sponsored practices, open gym or weight room use.***

Fall Sports		Winter Sports		Spring Sports	
<input type="checkbox"/>	Cross Country	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Baseball
<input type="checkbox"/>	Football	<input type="checkbox"/>	Wrestling	<input type="checkbox"/>	Softball
<input type="checkbox"/>	Soccer (Girls)	<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>	Golf
<input type="checkbox"/>	Volleyball	<input type="checkbox"/>		<input type="checkbox"/>	Soccer (Boys)
<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>		<input type="checkbox"/>	Track and Field
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Tennis

If participants suffer illness and/or injury serious enough to require a physician's care, they must present their coach with a physician's release before resuming participation.

I give my consent for my child to participate in the above sport(s). In the event of illness and/or accident, I authorize school personnel to approve emergency medical care. I am aware I am responsible for all medical expenses incurred.

Parent/Guardian Signature: _____ **Date:** _____

INSURANCE INFORMATION

Parent/Guardian must complete and sign either [A] or [B]:

[A] I have insurance coverage for athletics for the named student and will continue to keep it in force throughout the student's participation in the sports program(s)

Subscriber's Name/Signature: _____

Medical: _____ Policy #: _____

Dental: _____ Policy #: _____

[B] I will enroll my student in the accident coverage plan offered by the school district

Parent/Guardian Signature: _____

Office Use Only	
Eligibility Card:	<input type="checkbox"/>
Copies to Coach:	<input type="checkbox"/>

ATHLETE EMERGENCY CONTACT INFORMATION

Student Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Cell #: _____ Work #: _____

Father's Name: _____ Cell #: _____ Work #: _____

Guardian's Name: _____ Cell #: _____ Work #: _____

Family Physician: _____ Phone #: _____

Preferred Hospital: _____

Allergies: _____

Date of Last Tetanus Booster: _____ Present Medications: _____

Insurance Provider: _____ Insurance ID #: _____

Other Relevant Medical Information or Special Instructions: _____

Medical Emergency Authorization

As parent/legal guardian, I authorize a qualified physician to examine the above-named student and provide necessary care, including consultation by a specialist and/or surgeon to ensure proper care of any injury. Every effort will be made to contact the parent/guardian prior to any treatment.

Signature of Parent/Guardian: _____ Date: _____

Participation Permit

I hereby give consent for the named student to complete in W.I.A.A. Approved sports and to go with the coach or other representatives of the school on any trips. It is understood that neither the W.I.A.A. Nor the school assumes any responsibility in case an accident occurs. I agree to be responsible for the safe return of all athletic equipment issued by the school to the named student. Locked storage space will be provided for the storage of equipment, valuables, and clothing. The school will not be responsible if clothes, equipment, or valuables are not locked in the space provided.

Signature of Parent/Guardian: _____ Date: _____

DEER PARK HIGH SCHOOL
DEER PARK, WASHINGTON

Athletic Eligibility

Please answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information. *A participant/parent/guardian who provides the school with false information may result in the participant being declared ineligible from interscholastic competition for a period of one year.*

CURRENT GRADE _____

- | | | |
|-----|----|---|
| Yes | No | The student is under 20 years of age. |
| Yes | No | The student resides within the boundaries of Deer Park School District. |
| Yes | No | The student resides with their parents/legal guardians. |
| Yes | No | The student was in attendance in school at least 15 weeks of the previous semester. |
| Yes | No | The student passed all classes the previous semester. |
| Yes | No | The student is presently enrolled in the Deer Park School District in a minimum of 5 full credit classes. |
| Yes | No | The student is in Running Start? |
| Yes | No | The student is a registered home school student. |

School attended last year: _____ from (month/year) ____/____ to ____/____

Current Physical Address: _____

Parent Permission

To promote mutual understanding among the parent/guardian, student athlete, and the Deer Park High School Athletic Department, we are asking you to read the Handbook for Student Athletes with your son or daughter. Due to the seriousness of the penalty for an infraction of Rule One under Rules and Regulations of the Handbook, we would like to call it to your attention at this time.

Each student athlete shall abstain from the use or possession of alcoholic beverages, drugs and tobacco products during a given sport season. At the high school, all infractions will result in a two-week suspension from playing in games. The student will be allowed to practice during the second week. Expulsion will occur upon the second violation during one sport season.

If you have any questions about the handbook, please feel free to call the high school, 468-3500

*****I have read and understand the Handbook for Student Athletes and give permission for my son/daughter to participate in all interscholastic athletics sponsored by Deer Park School District. I also have answered the Athletic Eligibility questions and declare it to be true and accurate.**

Parent / Guardian Signature

Date

Student Athlete Signature

Date

Deer Park High School Athletics
Concussion Information Sheet

Important Information for Athletes and Parents

THIS PAPERWORK CONTAINS IMPORTANT INFORMATION REGARDING CONCUSSIONS.
 EACH SECTION MUST BE READ AND SIGNED BY THE APPROPRIATE PERSON TO
 ACKNOWLEDGE UNDERSTANDING.

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.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or a blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

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 Repeating the same question/comment
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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 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
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Deer Park High School Athletics
Concussion Information Sheet
Important Information for Athletes and Parents

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 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 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/>

Student-Athlete Name Printed	Student-Athlete Signature	Date
Parent/Legal Guardian Name Printed	Parent/Legal Guardian Signature	Date

Deer Park School District

Permission to use Student Photos in District Publications

During your child's time in the Deer Park School District, photographs may be taken of your son or daughter. These photographs may be used in any one of the following communications:

- School website
- School publications
- Training courses
- Local newspapers as part of media coverage of a school event
- Displays
- Use by the Deer Park School District for promotional purposes

Personal details of the student will not appear in any school publication or on the website. However, individual names may appear in a local newspaper, if appropriate to the article.

Please complete this permission form and return it with your athletic eligibility packet as soon as possible.

I give permission for photographs of _____ to be used by the Deer Park School District.
(Student's name)

I **do not** give permission for photographs of _____ to be used by the Deer Park School District.
(Student's Name)

Parent/Legal Guardian Signature: _____ Date: _____