

Olympia School District  
**HIGH SCHOOL STUDENT ATHLETIC/ACTIVITY REGISTRATION**

\_\_\_\_CAPITAL \_\_\_\_OLYMPIA

Student Athlete Legal Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Student Athlete Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Legal Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ATHLETIC/ACTIVITY PARTICIPATION CHECKLIST**

**FALL SPORTS**

- ☐ Cross Country  
☐ Football  
☐ Golf (OHS)  
☐ Soccer (Womens)  
☐ Swim (Womens)  
☐ Tennis (Mens)  
☐ Volleyball

**WINTER SPORTS**

- ☐ Basketball (Mens)  
☐ Basketball (Womens)  
☐ Gymnastics  
☐ Wrestling  
☐ Swim (Mens)  
☐ Bowling (Womens)

**SPRING SPORTS**

- ☐ Baseball  
☐ Fastpitch  
☐ Golf (CHS)  
☐ Soccer (Mens)  
☐ Tennis (Womens)  
☐ Track/Field

**ACTIVITIES**

- ☐ Cheer  
☐ Drill and Dance  
☐ Other \_\_\_\_\_  
☐ Other \_\_\_\_\_  
☐ Other \_\_\_\_\_  
☐ Other \_\_\_\_\_

**ELIGIBILITY QUESTIONS**

- ☐ Yes ☐ No **Incoming Freshman Only:** Did you attend: ☐ JMS ☐ MMS ☐ RMS ☐ WMS ☐ Griffin  
☐ Yes ☐ No Do you live within the attendance area of the school you are enrolled in?  
☐ Yes ☐ No Do you reside with your parents/guardian **and** at their legal address, as listed above?  
☐ Yes ☐ No Did you attend school full-time last semester? \*\*  
☐ Yes ☐ No Are you currently enrolled as a full-time student?\*\*

**\*\* For student athletics, the OSD defines a full-time student as enrolled in six (6) classes (by WIAA rule, seniors on track to graduate may have one less class).**

- ☐ Yes ☐ No Did you pass and earn credit in all of your classes in the previous semester?  
☐ Yes ☐ No Are you a new student to this high school? **If YES** where did you last attend? \_\_\_\_\_  
☐ Yes ☐ No Are you a Foreign Exchange student? If yes, what program? \_\_\_\_\_  
☐ Yes ☐ No Are you currently enrolled in Home-Based education?  
☐ Yes ☐ No Are you currently enrolled in Running Start or New Market Skills Center?  
☐ Yes ☐ No Are you currently enrolled in a private or alternative school (without athletics), On-Line school or a fifth-year senior?

**Providing false information will result in the loss of athletic eligibility and may result in the forfeiture of team games.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATHLETIC/ACTIVITY PERMISSION TO PARTICIPATE AND ASSURANCE**

As the parent/guardian of \_\_\_\_\_, I hereby give my consent for  
(please print student athlete full legal name)

my child to participate in the approved athletic/activity program(s) of the Olympia School District and to accompany their team to contests located both locally and out-of-town.

**NOTE: Based on schedules, parents/guardians may be responsible to provide or arrange for transportation to and from practice and competition within the boundaries of the Olympia, North Thurston and Tumwater school districts.**

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACCIDENT INSURANCE – PARENT/GUARDIAN RESPONSIBILITY**

Parent/Guardian Name: \_\_\_\_\_  
(please print)

**I recognize that in case of injury to my child, medical treatment may be required and that the cost of the treatment is my responsibility and not the responsibility of the Olympia School District. I also recognize that the Olympia School District does not carry primary medical insurance for such injuries and is not responsible for any cost relating to treatment. I further understand that I am responsible for providing adequate medical coverage in the event my child is injured while participating in student athletic/activity programs offered by the Olympia School District.**

☐ **YES**, my child has adequate insurance coverage with:

Medical Insurer \_\_\_\_\_

Dental Insurer \_\_\_\_\_

**PLEASE NOTIFY THE SCHOOL IF THERE IS A CHANGE IN COVERAGE DURING THE DESIGNATED ATHLETIC SEASON**

☐ **NO**, I do not have adequate insurance coverage and wish to enroll my child in the program endorsed by the Olympia School District for the current year and will complete the application process and pay for the coverage prior to the first day of practice (**participation is not allowed until coverage is verified**).

☐ **NO**, I do not have insurance coverage but will be fully responsible for the cost of any and all treatment my child may require as a result of injury from participation in student athletic/activity program(s) directed by the Olympia School District. I further understand and agree that the cost of any treatment is not the responsibility of the Olympia School District if I choose not to have insurance coverage for my child.

**I understand the above statements and accept the full responsibility for my child's participation in the Olympia School District Student Athletic/Activity Program(s) and any medical treatment expense resulting from their participation.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT ATHLETIC/ACTIVITY ASSUMPTION OF RISK AND RELEASE

The purpose of this notice is to aid you, the parent/guardian in making an informed decision as to whether your child should participate in student athletic/activity programs offered by the Olympia School District and as a condition of such participation, sign the foregoing *Assumption of Risk and Release*. In addition, its purpose is to make you aware that as a student athlete/activity participant and as a parent/guardian of the student athlete/activity participant, it is your responsibility to learn about and/or inquire of coaches, physicians, advisers, or other knowledgeable persons about any concerns you may have at any time regarding safety and participation.

Participation in student athletics/activities such as football, soccer, basketball, volleyball, bowling, fastpitch, baseball, cross country, basketball, golf, track and field, wrestling, tennis, swimming/diving, gymnastics, cheer, drill and dance, as well as other "non-sport" activities is voluntary and extracurricular. Further, based on schedules, it may be the responsibility of the parent/guardian to provide or arrange for, transportation of their child to and from practice and competition within the boundaries of the Olympia, North Thurston and Tumwater school districts. As a condition to participate in these activities, the student athlete/activity participant and parent/guardian must agree to assume the risk of injury or death involved in all phases of this activity and agree to release the Olympia School District from liability for ordinary negligence in the conduct of these programs.

I, \_\_\_\_\_ as a student athlete at \_\_\_\_\_ CHS \_\_\_\_\_ OHS  
 Student Athlete Full Legal Name (please print)

and I, \_\_\_\_\_ as the parent/guardian of the above named  
 Parent/Guardian Name (please print)

student athlete understand that participating in athletics/activities program(s) is voluntary and does involve the risk of injury or death. I, the student athlete also understand that by participating in the athletic/activity program(s), I am subjecting myself to the possibility of injury or death.

We agree to assume all the risk of injury or death associated with the Olympia School District's athletic/activity program(s), including but not limited to, practice, competition, approved events and transportation by the district or by parent/guardian/assignee or student athlete as associated with approved practice, competition and/or approved events; we further agree to release the Olympia School District, its' employees, agents, representatives, coaches, and volunteers from any liability resulting from ordinary negligence that may arise in connection with the district's athletic/activity program(s). We agree that the terms hereof shall serve as an assumption of risk and a release for all members of our family, for heirs, estate, executors, administrators, assignees, indemnitors, subrogees, or other releases; and we further agree that if any part of the *Assumption of Risk* is held void, the remainder shall continue in full force and effect.

### CAUTION:

By signing the ***Assumption of Risk and Release***, we acknowledge that we have read and understand its contents and warnings, and that we agree to its terms.

Student Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Olympia School District Athletic/Activity Programs

**OUT-OF SEASON ASSUMPTION OF RISK AND PERMISSION TO PARTICIPATE**

As a parent/guardian of a student athlete requesting to voluntarily participate in (check all that apply):

- ☐ open gym                      ☐ on campus summer conditioning                      ☐ off campus summer  
☐ open weight room                      ☐ on campus summer practice                      program at: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_, currently enrolled at  
 (Print Student's Full Legal Name)

\_\_\_\_\_ to participate in the program noted above on \_\_\_\_\_  
 (Print School Name) Date(s)

Student's Physical Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
 (Please Print)

Parent/Guardian's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical conditions, medications, allergies: \_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

\_\_\_\_\_, Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that participation in organized sports and sport-related conditioning and/or instruction carries with it the risk for bodily contact that may cause physical injury, including but not limited to, bruises, cuts, sprains, broken bones, dislocations, concussions and the potential for other serious injuries, including paralysis or death. I have discussed this potential with my child and I acknowledge that my child is aware of the dangers and has sufficient physical ability to safely and voluntarily participate in programs noted above. We further agree to assume all the risk of injury or death associated with the Olympia School District program(s).

**I also certify that my child has no medical or physical conditions that could interfere with their safety in this activity and have provided the school with their signed current/unexpired sports physical examination. Further, we have read and signed the *Concussion/Head Injury and Sudden Cardiac Arrest Acknowledgement form*.**

I hereby authorize the coach and/or school district staff in charge, and qualified emergency medical professionals to examine my child in the event of an accident, injury or serious illness, and to administer emergency care to the above-named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment, if possible.

In the event it becomes necessary for the coach and/or school district staff in charge to obtain emergency care for my child, I understand that neither they, nor the Olympia School District, assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that I am responsible for any and all such costs associated with an accident or injury involving my child.

Being fully informed as to these risks and responsibilities, I hereby consent to my child participating in the open gym, weight room or summer conditioning, practices and/or camps.

\_\_\_\_\_  
 Parent/Guardian's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Contact Phone Number

**HIGH SCHOOL STUDENT ATHLETIC/ACTIVITY MEDICAL EMERGENCY AUTHORIZATION****STUDENT ATHLETE FULL LEGAL NAME** (please print): \_\_\_\_\_GRADE: \_\_\_\_\_ SEASON: ☐ FALL ☐ WINTER ☐ SPRING SPORT: \_\_\_\_\_**CONTACT INFORMATION**

Parent/Guardian(s): Name (print): \_\_\_\_\_

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Alternate person to be notified in case of an emergency:**Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(please print)

Alternate Person Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**EMERGENCY TREATMENT CONTACT**

Physician of Choice (please print): \_\_\_\_\_ Phone No. \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone No. \_\_\_\_\_

**STUDENT/ATHLETE'S MEDICAL INFORMATION**

Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_ Epi-pen? ☐ Yes ☐ No Where will it be located? \_\_\_\_\_Asthma: \_\_\_\_\_ Inhaler? ☐ Yes ☐ No Where will it be located? \_\_\_\_\_

Chronic Illness: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_I, \_\_\_\_\_ authorize all medical, surgical, diagnostic, and hospital procedures  
Parent/Guardian Name (please print)as may be performed or prescribed by a treating physician for \_\_\_\_\_ if I  
(Child's Full Legal Name (please print))  
cannot be reached in the case of an emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form will be given to your child's coach so they can refer to the information provided in the event of an emergency.**

## SUDDEN CARDIAC ARREST

**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 more than 300,000 individuals per year. SCA is also the leading cause of sudden death in young athletes during sports participation.

**What Causes SCA?** SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited and can develop as an adolescent. SCA is more likely during exercise or physical activity, placing students with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball,) or by chest contact from another player.

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 licensed health care provider is recommended.

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

**How to Prevent and Treat SCA.** A thorough heart screening evaluation can detect some heart conditions at risk for SCA. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED).

**Remember, to save a life: recognize Sudden Cardiac Arrest (SCA), call 9-1-1, begin CPR and use an AED as soon as possible!**

PLEASE READ REVERSE SIDE FOR INFORMATION ON  
CONCUSSION/HEAD INJURY

# CONCUSSION / HEAD INJURY

**What is a Concussion?** A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding”, “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If you have, or your child reports any symptoms of a concussion or if you notice the symptoms, seek medical attention right away.

## What are the Signs and Symptoms of a Concussion?

### Signs Observed

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets instructions
- Is unsure of known facts
- Moves clumsily
- Answers questions slowly
- Lost consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events prior to or after event

### Symptoms Reported by the Athlete

- Headache or “pressure” in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light and/or noise
- Feeling sluggish, hazy or groggy
- Confusion
- Concentration/memory problems
- Does not “feel right”

**How can you help Prevent a Concussion?** Every sport is different, but there are steps you can take to protect against a concussion.

- Ensure that Coaches’ rules for safety and rules of the sport are followed.
- Make sure the proper equipment is worn, correctly fitted and maintained.
- Learn and be aware of the signs and symptoms of a concussion.

## What should be done if you Suspect a Concussion?

- Seek medical attention immediately.
- Do not return to play until cleared by a licensed health care provider trained in concussion management.
- Tell the Coach and School-Licensed Athletic Trainer about any recent, or suspected, head injuries and/or concussions.

For additional information on Sudden Cardiac Arrest or Concussion/Head Injury please contact your school’s licensed athletic trainer (high schools), or family health care provider.

Capital High School  
*Steve Taylor*  
360-596-8070

Olympia High School  
*Bob Kickner*  
360-596-7028

## STUDENT ATHLETE & PARENT/GUARDIAN ATHLETIC CODE AND HANDBOOK ACKNOWLEDGEMENT

The Olympia School District demands a very high standard of acceptable student athlete behavior. By participating in the athletic/activity program(s), your child will be subject to the *Athletic Code* (OSD Policy 3202) during the school year, including in-season, out-of-season, and between seasons. The school year is defined as beginning with fall tryouts to the last day of school and will include any school-sponsored summer activities.

Please take time to read and understand the "*High School Student Athletic/Activity Handbook*", especially the expectations and consequences for eligibility, attendance and behavior; including consequences for the use, transmission, possession of, and proximity to alcoholic beverages, drugs, chemical substance, and/or tobacco, vapes, or related devices. In addition, violations of any team, school, district, and/or WIAA rules, regulations or requirements may result in discipline up to and including ineligibility.

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I have read the 2018-19 "*High School Student Athletic/Activity Handbook*" and am aware of, understand and agree to abide by all expectations, rules and regulations required of a participant in athletic/activity program(s) offered by the Olympia School District (including expectations found in the 2018-19 "*High School Student Athletic/Activity Handbook*", the High School Athletic Code-OSD Policy/Procedure 3202/3202P, and WIAA Rules and Regulations).

Student/Athlete Full Legal Name (please print): \_\_\_\_\_

Student/Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONCUSSION/HEAD INJURY AND SUDDEN CARDIAC ARREST ACKNOWLEDGEMENT

The purpose of this *Acknowledgement* is to confirm that you have received, read and understand the contents and warnings provided to you by the Olympia School District related to potential concussion / head injury and sudden cardiac arrest (SCA) which may occur during participation in student athletic/activity program(s). This information has been provided to you in the "*High School Student Athletic/Activity Handbook*" which was given to you during the *clearance* process.

I, \_\_\_\_\_ as a student at \_\_\_\_\_ and I, \_\_\_\_\_  
(please print) (please print) (please print)

as the parent/guardian of \_\_\_\_\_ have read the information related to  
(please print)

*Concussion / Head Injury and Sudden Cardiac Arrest* provided in the "*High School Student Athletic /Activity Handbook*" and understand its contents and warnings.

Student/Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reference: SB 5083 & HB 1824  
28A.600 RCW & 4.24.660 RCW  
OSD Policy 3422