Olympia School District
HIGH SCHOOL ATHLETIC/ACTIVITY REGISTRATION

____ CAPITAL  ____ OLYMPIA

Student Legal Last Name: ____________________________________________ First Name: ____________________________________________ MI: ______

Student Phone: __________________ Grade: ___ Age: ___ Birthdate: __________ Gender: __________________

Student Physical Address: __________________________________________ City: __________ Zip: __________

Parent/Legal Guardian Legal Address (if different): __________________________ City: __________ Zip: __________

Emergency Contact: __________________________________________________ Home Phone: ___________ Cell Phone: ____________

E-Mail Address(es): ____________________________________________________

ATHLETIC/ACTIVITY PARTICIPATION CHECKLIST

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ELIGIBILITY QUESTIONS

YES  NO

Are you currently enrolled at ___Capital ___Olympia ___JMS ___MMS ___RMS ___WMS

Do you live within the attendance area of the school you indicated you are enrolled in?

Do you reside with your parents/legal guardian and at their legal address, as listed above?

*** For 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).

Did you attend school full-time last semester?

Are you currently enrolled as a full-time student?

Did you pass and earn credit in all of your classes in the previous semester?

Are you a new student to this high school or the Olympia School District (IN THE PAST 12 MONTHS?)

If YES where & when did you last attend?

Are you a Foreign Exchange student? If yes, what program?

Are you currently enrolled in Home-Based education?

Are you currently enrolled in Running Start or New Market Skills Center?

Are you currently enrolled in a Private School, On-Line School or as a 5th year senior?

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

Parent/Legal Guardian Signature: ____________________________________________ Date: ____________

Student/Athlete Signature: ____________________________________________ Date: ____________

Rev. 3.2017
ATHLETIC/ACTIVITY PERMISSION TO PARTICIPATE AND ASSURANCE

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

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

Parent/Legal Guardian Printed Name: ____________________________________________

Parent/Legal Guardian Signature: ____________________________________________

Date: ____________________________

ACCIDENT INSURANCE – PARENT RESPONSIBILITY

Parent/Legal Guardian Name: ____________________________________________ (please print)

I recognize that in case of injury to my child, medical treatment may be required and that the cost of 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 athletic/activity programs offered by the Olympia School District.

___ YES, my child has adequate coverage with:

(Medical) ____________________________ Policy No. ____________

(Dental) ____________________________ Policy No. ____________

(PLEASE NOTIFY THE SCHOOL IF THERE IS A CHANGE DURING THE 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 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 ATHLETIC/ACTIVITY PROGRAM(S) AND ANY MEDICAL TREATMENT EXPENSE RESULTING FROM THEIR PARTICIPATION.

Parent/Legal Guardian Signature: ____________________________________________ Date: ________________

Rev: 3.2017
The purpose of this notice is to aid you in making an informed decision as to whether your child should participate in 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 participant and as a parent/legal guardian of the student/athlete participant, it is your responsibility to learn about and/or inquire of coaches, physicians, advisors, or other knowledgeable persons about any concerns you may have at any time regarding safety and participation.

Participation in 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. As a condition to participate in these activities, the student/athlete participant and parent/legal guardian must agree to assume the risk of injury or death involved in 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/legal guardian of the above named

Parent/Legal Guardian Name (please print)

student/athlete understand that participating in athletic/activity 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); 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. 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/Legal Guardian Signature: ___________________________ Date: ________________
HIGH SCHOOL ATHLETIC/ACTIVITY MEDICAL EMERGENCY AUTHORIZATION FORM

STUDENT/ATHLETE FULL LEGAL NAME (please print): __________________________________________________________

GRADE: _______ SEASON: ___ FALL ___ WINTER ___ SPRING SPORT: ________________

CONTACT INFORMATION

Address: _______________________________________________________________ City: __________ Zip: __________

Home Phone: ___________________________ Cell Phone: ___________________________

Parent/Legal Guardian(s): Name: __________________________________________________________

(please print)

Name: __________________________________________

(please print)

Parent/Legal Guardian(s) Phones: (H) ______________________ (W) ______________ (C) ___________

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: ____________________________ Policy No: ____________________________

I, ____________________________________________ authorize all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a treating physician for __________________________ if I cannot be reached in the case of an emergency. (Child Full Legal Name (please print)

Date: _______ Parent/Legal Guardian Signature: ____________________________

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

Rev: 3.2017
Olympia School District

CONCUSSION/HEAD INJURY AND SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT

The purpose of this Acknowledgement form is to confirm that you have read and understand the information provided to you by the Olympia School District related to potential Concussion/Head Injury and Sudden Cardiac Arrest (SCA) occurring during participation in athletic programs.

I, __________________________________________ as a student at ______________________________
(Please Print) (Please Print)
and I _____________________________________ as the parent/legal guardian of
(Please Print)
___________________________________________ have read the information material provided
(Please Print)
to us by the Olympia School District related to Concussion/Head Injury and Sudden Cardiac
Arrest (SCA) during participation in athletic programs and understand its contents and
warnings.

___________________________________________  _____________________________
Signature of Student/Athlete                  Date

___________________________________________  _____________________________
Signature of Parent/Legal Guardian            Date

We were provided a copy of the Olympia School District “Information Sheet for
Parents/Legal Guardians and Athletes: Concussion/Head Injury and Sudden Cardiac Arrest
(SCA)”.

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

6/2015
The Olympia School District demands a very high standard of acceptable student athlete behavior. By participating in the athletic/activity programs, 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/Athlete Handbook”, especially the expectations and consequences for being academically eligible/ineligible (being a full-time student and passing all classes) and the consequences for the use, transmission, possession of, and proximity to alcoholic beverages, drugs, chemical substance, and/or tobacco, vapes, or related devices. In addition, other violations of team, school/district, and/or WIAA rules, regulations, and discipline requirements may result in ineligibility.

I have read the 2017-2018 “High School Student Athlete Handbook” and am aware of, understand and agree to abide by the expectations, rules and regulations required of a participant in athletic/activity programs offered by the Olympia School District (including High School Athletic Code-OSD Policy 3202, Olympia School District Policies and Procedures and WIAA Rules and Regulations).

Student/Athlete Full Legal Name (please print): ________________________________

Student/Athlete Signature: ________________________________ Date: ____________

Parent/Legal Guardian Name (please print): ________________________________

Parent/Legal Guardian Signature: ________________________________ Date: ____________
OSD RELEASE OF DIRECTORY INFORMATION
(2017-18 School Year)

Under the federal Family Educational Rights and Privacy Act (FERPA), individuals and organizations may request directory information about students. Directory information includes a student's name, photograph, address, telephone number (unless unlisted), dates of attendance, participation in officially recognized activities and sports, including cheer, drill/dance, weight and height of members of athletic teams, diplomas and awards received and the most recent previous school attended. Families have the right to restrict the release of this directory information. If you DO NOT want directory information regarding your student released, please check the appropriate box(es) below and return the form to your student’s school by October 6, 2017 (unless you are in fall sports including cheer, drill and dance).

Check and return this form only if you DO NOT want directory information released. If no documentation is on file, it will be assumed that the parent/legal guardian has granted permission for release of directory information.

HIGH SCHOOL STUDENTS ONLY:
Under federal law, the military may request contact information for high school juniors and seniors. If you DO NOT want your student’s information released to the military, check the box below and return the form by October 6, 2017 to ensure your preferences are registered before the military files its request for information, typically in October.

Note: Checking the box below does not prohibit the military from gathering student information from other non-school district sources or from having military recruiters speak with your student while on campus.

☐ MILITARY USE: Please DO NOT release my student’s directory information to the U.S. Military.

FOR ALL FAMILIES:
If you DO NOT want directory information regarding your child released, please check the appropriate box(es) below.

☐ HIGHER EDUCATION:
Please DO NOT release my student’s directory information to institutions of higher learning.

☐ DISTRICT/SCHOOL USE:
Please DO NOT release my child’s visual image or other directory information for Olympia School District use (i.e. publications, websites, school or district-related social media).

☐ OUTSIDE MEDIA USE:
Please DO NOT release my child’s visual image or other directory information to outside print, broadcast or online news media (i.e. newspapers, radio, television, etc.).

☐ OUTSIDE GROUP/INDIVIDUAL USE:
Please DO NOT release my child’s visual image or other directory information to outside groups/individuals (i.e. parent groups, individuals or vendors). This does NOT include yearbook or activity rosters. See below.

☐ YEARBOOK/ACTIVITY ROSTER USE:
Please DO NOT publish my child’s visual image or other directory information in the school yearbook or activity roster(s). Note: These documents are often prepared by outside vendors/parent groups.

☐ ATHLETICS/CHEER, DRILL AND DANCE USE:
Participation in officially recognized athletic programs including cheer, drill and dance, team rosters, team photos/visual images and game announcements.

Student’s Legal Name: ____________________________ School: ________________ Grade: ____________
(Please Print) Date: ____________
Signature of Parent/Legal Guardian or Student (if 18 years of age or older)

8.8.17