Thank you for encouraging your 7th and/or 8th grade student to participate in middle school athletics/activities. We have five different seasons. Our season and athletic offerings are as follows:

<table>
<thead>
<tr>
<th>Season</th>
<th>Sports</th>
</tr>
</thead>
<tbody>
<tr>
<td>August-October</td>
<td>Girls Soccer, Football, Co-ed Cross Country, Dance</td>
</tr>
<tr>
<td>October-December</td>
<td>Girls Basketball, Wrestling,</td>
</tr>
<tr>
<td>January-February</td>
<td>Boys Basketball, Dance (October-February)</td>
</tr>
<tr>
<td>February-April</td>
<td>Girls Volleyball</td>
</tr>
<tr>
<td>April-May</td>
<td>Co-Ed Track</td>
</tr>
</tbody>
</table>

Fees:
- $40.00 Athletic Participation Fee per sport
- $25.00 A.S.B. Card — (One time per year purchase)
- Please let us know at the time of signing up if there is a financial hardship

Each year all forms in the Athletic Packet must be completed, signed, and returned to the Middle School ASB Office.

1. Athletic Registration Form
2. Physician Medical Examination (This needs to be completed every year, physician form accepted.
3. Student Parent Consent Form
4. TSD Annual Health History/Emergency Information
5. Athletic Medical Travel Card (Needs to be completed for each sport)
6. Travel Release Form (Needs to be completed each time a student is not going to return from the sporting event on the bus).
Welcome to the Tumwater School District Athletic Program. The District’s athletic program operates under the guidelines of the Washington Interscholastic Activities Association (WIAA) and complies with the rules and stipulations in the Constitution and Rules and Regulations of the Association.

Mission Statement:
To provide quality, well-rounded, co-curricular programs in which our athletes learn lifelong skills of excellence, discipline, perseverance, competitiveness, cooperation, sportsmanship and dedication. We believe each sport has something unique to offer.

The co-curricular activity program is an integral part of the total school program. The opportunity for participation is open to all students, regardless of individual differences. We promote the opportunity for all students to succeed through participation at an appropriate level. We hold high standards in academics and behavior. Our programs promote and encourage good sportsmanship, teamwork, leadership opportunities, responsibility, self-discipline, and respect for self, others, and the development of skills.

ANNUAL ATHLETIC CLEARANCE REQUIREMENTS:

Please complete the following:

• Form 1 Athletic Registration Form
• Form 2 Physician Medical Examination - all first time middle school participants must produce evidence of a physical examination prior to participating in a sport.
• All 8th grade students must produce an updated physical examination prior to participating in a sport.
• If your athlete is going to wrestle, current weight must be provided.
• Any athlete who has been under a doctor’s care since their initial physical must have the approval of a health care provider to return to sports.
• Form 3 Parent Consent Form
  o Parent/Student Consent to Participate
  o Review and Sign Athletic Code
  o Review and sign concussion form
  o Review and sign sudden cardiac arrest form
  o Football Players - Please read and sign Football Helmet Release
• Form 4 TSD Health/History/Emergency Information
• Form 5 Complete Athletic Travel Card—this will need to be completed for each sport
• Athletes shall not turn age 15 prior to June 1 of the previous school year
• Athletes must meet grade requirement—Students may have no more than 1 D and no F’s
• Athletes must not have any fines or fees
• All forms must be on file, and final clearance issued by the ASB office before the student may participate

Thank you for your cooperation and support. If you have any further questions about athletic clearance, please call:

• Nick Reykdal, Athletic Director; Tumwater Middle School 360-709-7500
• Shawn Guthrie, Athletic Director; G.W. Bush Middle School 360-709-7400
ACADEMIC REQUIREMENTS

While the Tumwater School District is aware of the important role that interscholastic athletics play in the development of students, we are also committed to the philosophy that secondary schools are preparing students academically to become productive citizens upon graduation. For these reasons, we have established the following academic standards for our student athletes.

• ELIGIBILITY POLICIES
  1. Grade checks will occur at the beginning of each season, and then 3 weeks into the season.
  2. A student/athlete may not have more than 1 “D”. Athletes may not have any “F”, or unsatisfactory.
     a. At grade check if a student has more than 1 “D” or an “F” they will be on probation for 5 (five) school days.
     b. During the 5 (five) day probation students may practice, but not compete in an event or contest.
     c. After 5 (five) days, an athlete must obtain a grade check form from the Athletic Director. The student will take the form to each teacher for proof of academic eligibility in order to resume the ability to participate in competitions. After the 5 (five) day probation time, the athlete will work with the school Athletic Director to determine eligibility.
  3. After a second consecutive academic ineligible grade, check the athlete will be released from the team for the remainder of the season.
ATHLETIC DISCIPLINE

BEHAVIOR EXPECTATIONS

• All participants should demonstrate positive citizenship in the school building, classroom and athletic program. Conduct, which interferes with the educational process, is prohibited.
• Any participant referred to the administration for disruptive behavior that requires administrative action will be made aware of the possible consequences of his/her actions, and may receive a disciplinary action.
• Any student representing the school in athletic activities must meet the dress and grooming standards established by the school dress code.
• Any display of unsportsmanlike conduct will have consequences. Examples of un-sportsmanship like conduct include: profanity, obscene or vulgar language or gestures, harassment, or taunting.

CONSEQUENCES

If an athlete does not follow the behavior expectations, the following consequences may apply:

• Conference with the student, head coach, and parent/guardian
• Suspension from the next event(s)
• Suspension from team for remainder of season

As per WIAA 18.27.0, when there is an ejection from a contest due to unsportsmanlike conduct, the consequences will be:

➤ 1st Ejection: Student will be prohibited from participating in the remainder of that contest, and the next contest.
➤ 2nd Ejection: Student is prohibited from participation the remainder of the season.

EXCEPTIONAL MISCONDUCT

Undesirable student behavior requiring administrative action as established in the School Board Policy 3200 will be subject to the following actions:

➤ 1st Offense: Suspension for at least the next event. If such behavior occurs after the last scheduled event, the discipline may carry over into the individual’s next season.
➤ 2nd Offense: Suspension for the remainder of the athletic season.
CONDUCT EXPECTATIONS

Participants are representatives of the Tumwater School District. They are expected to conduct themselves at all times in a manner that reflects the high standards of their team school and community. Participation in co-curricular activities within the Tumwater School District requires that athletes maintain successful performance in academics and citizenship.

ATTENDANCE

- In order to be eligible to participate in either practice or competition athletes must attend the entire school day.
- The principal or designee will approve any exception to this requirement.
- If an athlete has a medical appointment, the athlete must provide a Doctor’s note with date and time in order for the absence to be excused.
- Students who are serving in-school or out-of-school suspension may not participate in either practice or competition.
- After school detention is considered an unexcused tardy.

UNEXCUSED ABSENCES-Athletes are expected to attend practice each day
- 1st Offense-Warning to student and coach notifies parents
- 2nd Offense-Student may be suspended from team for the remainder of the season
- Athletes who miss practice on the day before a contest may have limited playing time in that contest.

TRAVEL

Transportation to away events is provided by Tumwater School District. Athletes are expected to travel with the team. Exceptions may be:
- Injury to a participant, which would require alternate transportation
- Travel release form must be completed 24 hour prior to competition.
ALCOHOL, TOBACCO, AND OTHER DRUG USE AND POSSESSION

Consumption, possession, transmission or selling the following prohibited substances: alcoholic beverages, drugs (including anabolic steroids), look-alike drugs, and narcotics or tobacco products including e-cigarettes is prohibited. If an athlete violates these guidelines, the following consequences may apply.

➢ **1st Offense:** Immediate suspension from the team. Should the athlete agree to an assessment and mandatory compliance with the assessment recommendations, the suspension may be reduced to ten (10) school days without competition, commencing from the day of the meeting of the student, head coach, and administrator. During the suspension period, the athlete cannot participate in practice or competition.

➢ **2nd Offense:** An athlete who again violates shall be ineligible for interscholastic competition for a period of one (1) calendar year from the date of the second violation.

➢ **3rd Offense:** An athlete who violates for a third time shall be permanently ineligible for interscholastic competition.

In order to return to participation, the athlete must provide written verification of the results and compliance with the recommendations of the drug/alcohol evaluation to the school administration. School administration will determine the student’s status after reviewing the results and recommendations of the drug/alcohol evaluation.
CONCUSSION INFORMATION

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.

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.

If your child reports any symptoms of concussion or SCA, or if you notice the symptoms or signs of concussion or SCA listed on this form, seek medical attention right away.

<table>
<thead>
<tr>
<th>CONCUSSION Symptoms may include one or more of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Headaches</td>
</tr>
<tr>
<td>• “Pressure in head”</td>
</tr>
<tr>
<td>• Nausea or vomiting</td>
</tr>
<tr>
<td>• Neck pain</td>
</tr>
<tr>
<td>• Balance problems or dizziness</td>
</tr>
<tr>
<td>• Blurred, double, or fuzzy vision</td>
</tr>
<tr>
<td>• Sensitivity to light or noise</td>
</tr>
<tr>
<td>• Feeling sluggish or slowed down</td>
</tr>
<tr>
<td>• Feeling foggy or goggly</td>
</tr>
<tr>
<td>• Drowsiness</td>
</tr>
<tr>
<td>• Change in sleep patterns</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signs observed by teammates, parents and coaches include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appears dazed</td>
</tr>
<tr>
<td>Vacant facial expression</td>
</tr>
<tr>
<td>Confused about assignment</td>
</tr>
<tr>
<td>Forgets plays</td>
</tr>
<tr>
<td>Is unsure of game, score, or opponent</td>
</tr>
<tr>
<td>Moves clumsily or displays incoordination</td>
</tr>
<tr>
<td>Answers questions slowly</td>
</tr>
<tr>
<td>Slurred speech</td>
</tr>
<tr>
<td>Shows behavior or personality changes</td>
</tr>
<tr>
<td>Can’t recall events prior to hit</td>
</tr>
<tr>
<td>Can’t recall events after hit</td>
</tr>
<tr>
<td>Seizures or convulsions</td>
</tr>
<tr>
<td>Any change in typical behavior or personality</td>
</tr>
<tr>
<td>Loses consciousness</td>
</tr>
</tbody>
</table>
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 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/
Athlete’s Name: ___________________________________ Birthdate: ______________ Grade: ________ Gender: _______

Athlete is enrolled at □ Tumwater Middle School □ G. W. Bush Middle School

If not, school attending? ________________________________________________________________

Parent/Guardian Name

Address

Home Phone ____________________________ Cell Phone ____________________________ Cell Phone ____________________________ Business Phone ____________________________

E-mail Address ____________________________ Alternate E-mail Address ____________________________

(If a guardian cannot be reached) Emergency Contact Person ____________________________ Phone ____________________________

INSURANCE VERIFICATION

School districts REQUIRE INSURANCE COVERAGE as a prerequisite for a participation in interscholastic activities. Please complete the following information:

□ Yes, we have the following medical insurance:

<table>
<thead>
<tr>
<th>Name of Insurance Company</th>
<th>Policy Number (required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

My student athlete is covered by the insurance listed above, and I will continue to keep it in force throughout the school year. Therefore, I do not wish to enroll my student athlete in the School Accident Coverage Plan. The principal or designee is authorized to contact the company named above to verify coverage limitations.

□ No my student will pick up an insurance packet for the School Accident Coverage Plan, which must be completed prior to eligibility clearance.

I accept full responsibility for the cost of treatment for any injury, which he/she may suffer while taking part in the program.

Parent/Guardian (Please Print) ____________________________ Date ____________________________

Parent/Guardian Signature ____________________________
All athletes who wish to participate in interscholastic athletics must pass a physical examination by a licensed health provider prior to the first turnout. Students entering 7th or 9th grade or any student new to the District will need a complete sports physical. All other students will need an annual updated evaluation reviewing their medical history since their last examination. The physician's examination form must be on file in the office. Doctors may require a full physical based on an athlete's needs.

I examined_____________________________________________ on ______________________________

Please Print Student Name        Date

and find him/her physically fit and able to participate in interscholastic activities that are provided by the Tumwater School District

☐ With no limitations; or

☐ With limitations as follows:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Licensed Health Provider Signature       Date

REQUIRED INFORMATION FOR WRESTLERS

MEDICAL REQUIREMENT FOR WRESTLERS ONLY!!!!

I recommend that the student designated above should not be allowed to wrestle at any weight LESS than the weight range circled:

<table>
<thead>
<tr>
<th>75-81</th>
<th>82-86</th>
<th>87-91</th>
<th>97-101</th>
<th>102-106</th>
</tr>
</thead>
<tbody>
<tr>
<td>107-111</td>
<td>112-116</td>
<td>117-121</td>
<td>122-127</td>
<td>128-133</td>
</tr>
<tr>
<td>134-141</td>
<td>142-151</td>
<td>152-160</td>
<td>161-172</td>
<td>Other</td>
</tr>
</tbody>
</table>
PARENT/STUDENT CONSENT FORM

CONSENT TO PARTICIPATE

Our son/daughter has chosen to participate in a school district athletic program. We realize that some athletic sports are more dangerous than others are. Accidents can happen and the risk of serious injury and/or death does exist. By signing below we are verifying that we have read and been advised of this information.

I hereby give consent for my son/daughter to engage in interscholastic activities provided by the Tumwater School District. I also give my consent for my child to travel with the team on out of town trips.

Parent/Guardian Signature          Date

This application to compete in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the state association.

Parent/Guardian Signature          Date

ATHLETIC CODE

My student/athlete and I have READ the Mission Statement, Expectations, Academic Requirements, and the Athletic Discipline Guidelines of the Athletic Code. We understand the responsibility that is placed upon the participating student/athlete to meet all expectations. By signing below, we agree that we have read and agree to abide by the athletic guidelines.

Parent/Guardian Signature          Date

Athlete Student Signature          Date

CONCUSSION INFORMATION - I have read the concussion information sheet

Parent/Guardian Signature          Date

Athlete Student Signature          Date

SUDDEN CARDIAC ARREST INFORMATION I have read the cardiac arrest information sheet

Parent/Guardian Signature          Date

Athlete Student Signature          Date

FOOTBALL HELMET RELEASE

Football players and parents must read the statement below and sign this release prior to the first practice.

DO NOT strike an opponent with any part of the helmet or facemask. This is a violation of football rules and may cause severe brain or neck injury, including paralysis or death. Severe brain or neck injury may also occur accidentally while playing football. No helmet can prevent all injuries. You use this helmet at your own risk.

Parent/Guardian Signature          Date

Athlete Student Signature          Date
TUMWATER SCHOOL DISTRICT
MIDDLE SCHOOL
ATHLETIC MEDICAL TRAVEL CARD

THIS FORM MUST BE COMPLETED AT THE BEGINNING OF EACH SPORT

Student Name_______________________________________ Sport_________________ Gender M_____F_______
Birth Date__________________________________________ Grade___________________
Parent/Guardian Name_________________________________ Phone__________________
Work Phone Mother____________________________________ Father__________________
Cell Phone Mother_____________________________________ Father__________________

Alternative Person(s) to be notified in case of emergency:
Name__________________________________________ Home Phone_____________ Cell Phone___________
Name__________________________________________ Home Phone_____________ Cell Phone___________

Specify any allergies or other medical conditions your child has which first-aid personnel should be aware of
___________________________________________________________________________________________________

Regular medications _____________________________________________________________________________

Does your student use or carry an inhaler Yes________ No________

In case of illness, accident or emergency involving this student, the principal or coach is authorized to act on my behalf if I cannot be contacted, and I hereby give permission for a medical doctor to do what is necessary to maintain the health of this student. I realize that Tumwater Middle School does not carry medical insurance for students.

_________________________________________________________  ________________________________________
Parent/Guardian Signature      Date

DO NOT WRITE BELOW THIS LINE

******************************************************************************************************************************

OFFICIAL OFFICE USE ONLY

This is to verify that the above-mentioned student has completed all the necessary athletic/activity forms and they are on file in the ASB Office at thier Middle School. He/she is responsible for giving this completed form to the coach, at which time the student is eligible to participate. This form needs to be completely filled out and returned to the coach for each sports season in which the student/athlete participates.

SPORT__________________________________________ PARTICIPATION FEE PAID________________________ ASB CARD PURCHASED________

AUTHORIZED STAFF SIGNATURE_______________________________________________________ DATE________________
TUMWATER SCHOOL DISTRICT
MIDDLE SCHOOL TRAVEL RELEASE FORM

TURN THIS OFFICE INTO THE MAIN OFFICE
24-HOURS PRIOR TO COMPETITION

This is to certify that ________________________________ has permission to return from the
(Sport) ________________________________ athletic contest on ________________________________
(Date) ________________________________

(at) ________________________________
(Location of Sport)

I certify that I am personally transporting the above named student, or have arranged for transportation with an adult
(nonstudent) of my choosing. The reason for not riding the bus is:

______________________________________________________________________________.

I understand that the Tumwater School District Athletic Rules require that students ride the buses to and from all
athletic events and a departure from this requirement will release the Tumwater School District from all liability for any
adverse results that may occur. I agree to release the Tumwater School District and its employees and officers from all
liability with reference to the above stated transportation. This form must be in the coach’s file prior to the dismissal of
school on the day of contest.

___________________________________________________  ___________________________________
Parent/Guardian Signature       Date

TUMWATER SCHOOL DISTRICT MIDDLE SCHOOL TRAVEL RELEASE FORM

PLEASE RETURN THIS COPY TO THE COACH

This is to certify that ________________________________ has permission to return from the
(Sport) ________________________________ athletic contest on ________________________________
(Date) ________________________________

(at) ________________________________
(Location of Sport)

I certify that I am personally transporting the above named student, or have arranged for transportation with an adult
(nonstudent) of my choosing. The reason for not riding the bus is:

______________________________________________________________________________.

I understand that the Tumwater School District Athletic Rules require that students ride the buses to and from all
athletic events and a departure from this requirement will release the Tumwater School District from all liability for any
adverse results that may occur. I agree to release the Tumwater School District and its employees and officers from all
liability with reference to the above stated transportation. This form must be in the coach’s file prior to the dismissal of
school on the day of contest.

___________________________________________________  ___________________________________
Parent/Guardian Signature       Date