



ENUMCLAW HIGH SCHOOL

SPORTS REGISTRATION

2015-2016



Enumclaw High School offers sports in three seasons:

FALL SPORTS: *(First Practice August 24, 2015 - Season Ends December 5, 2015)*
Boys & Girls Cross Country, Girls Soccer, Girls Swim & Dive, Boys Tennis, Volleyball, Cheer, Boys and Girls Golf and **Football** *(First Practice August 19, 2015).*

WINTER SPORTS: *(First Practice November 16, 2015- Season End March 6, 2015)*
Boys Swim & Dive, Boys & Girls Basketball, Boys & Girls Wrestling, Equestrian Boys Water Polo. **Gymnastics** *(First Practice November 10, 2015).*

SPRING SPORTS: *(First Practice February 29, 2016- Season End May 29, 2016)*
Track & Field, Fastpitch, Boys Soccer, Baseball, Girls Tennis, Girls Water Polo, Judo

WHAT YOU WILL NEED TO PARTICIPATE:

Fees, Fines & ASB Before competing in a sport, all participants must pay/clear ALL fines and class fees, purchase an ASB Card (\$42), pay sports fee of \$52 Please pay all applicable fees and fines with the EHS Cashier. Please note that the **Cashier's office is closed on Fridays.**

Athletic Forms: Before participating in tryouts or practice, **ALL** forms must be filled out, signed and returned to the Athletics Office.

Athlete Eligibility: All participants must be enrolled with Enumclaw High School, passing 5 of 6 classes and maintaining a minimum 2.00 GPA **OR** have passed 6 of 6 classes in the most recent semester. Running Start students must be enrolled in a minimum of 10 credits each quarter at the community college. Home School students must be registered with the Enumclaw School District and enrolled in at least 5 semester classes and have all immunization records filled out and turned in.

THIS PACKET INCLUDES THE FOLLOWING REQUIRED FORMS:

1. Athletic/Activities Participation Form (1 per year)
2. Concussion and Sudden Cardiac Arrest Form (1per year)
3. Physical Form (1 every 2 years)

Not included in this packet are: **Sport Specific Safety Form (Required)**, Running Start, Foreign Exchange Student Paperwork, Student Transfer paperwork and homeschool paperwork or intra-district paperwork.



**ENUMCLAW HIGH SCHOOL
ATHLETICS AND ACTIVITIES PARTICIPATION FORM**

Student Name: _____ Student ID # _____

Male Female Grade: 9th 10th 11th 12th Age: _____ Date of Birth: _____

Home Address: _____ City: _____ Zip Code: _____

Mother/Father: _____ Home/Cell Phone: _____

ATHLETIC ELIGIBILITY:

- YES NO Students currently resides with parent or legal guardian within the Enumclaw School District Service Area
- YES NO Student was enrolled in the Enumclaw School District during the last school year
- YES NO Student is a transfer student _if yes previous school attended: _____
- YES NO Student is under 20 years of age
- YES NO Student is in Running Start taking a minimum of 10 Credits each Quarter
- YES NO Student is a Home School Student registered with the Enumclaw District and taking at least 5 Semester classes
- YES NO Student is currently enrolled in 6 classes at Enumclaw High School
- YES NO Student earned passing grades in 6 classes during the prior semester at either EHS TMMS EMS
- YES NO Student received a minimum 2.00 GPA and passed 5/6 classes during the prior semester at EHS TMMS EMS
- YES NO Student was in regular attendance within in Enumclaw School District for at least 15 weeks the previous semester
- YES NO Student has not had more than 4 consecutive years lapse since student entered Grade 9.

ATHLETIC/ACTIVITY CODE: The Athletic Code shall be in effect 365 days a year, 24 hours a day. It will include those written rules and regulations established for students competing as representatives of Enumclaw High School.

1. **Attendance:** Participants must maintain eligibility according to W.I.A.A. regulation 18.0. In addition, participants are expected to maintain attendance in good standing in all classes. An unexcused absence from any class during the school day may result in ineligibility for participation on the day.
2. **Drugs/Alcohol/Tobacco:** Participants and Enumclaw High School shall not use, consume, or possess alcoholic beverages, cigarettes, tobacco of any form, steroids, illegal drugs, or paraphernalia related to the use of illegal drugs and the abuse of prescription or non-prescription drugs.
3. **Conduct:** Participants shall abide by all written training rules established for the sport/activity in which he/she is participating, and shall at all times behave in a manner that conveys respect for all individuals. Acts of harassment or hazing will not be tolerated, in addition, a participant shall conduct him/herself with personal integrity and honesty at all times and in all situations; both as a participant and as a spectator. Unacceptable behaviors and/or misconduct may necessitate penalties as appropriate, in an attempt to reduce any behavior which negatively impacts the engaging in illegal activities shall be subject to misconduct. Each incident will be reviewed on a case-by-case basis by the coach/advisor, administrator or and Athletic/Activity Board.
4. Further details in regarding Eligibility and the Athletic Code are discussed in the Student Handbook.

EQUIPMENT: Issued equipment belongs to the Associated Student Body. Loss of equipment is the student's financial obligation. Equipment is expected to be returned in clan condition and in a timely manner. A \$5.00 late fee may apply. Letter awards and post-season honors may not be granted until all equipment is returned or fines paid.

SAFETY: Your son/daughter has chosen to participate in a school district athletic/activity program. Some athletic/activity programs are more dangerous than others. Accidents can happen. And risks of serious injury do exist. In case of accident or injury, and I am unable to be contacted, I give my permission for emergency treatment (including transportation) at the discretion of the Enumclaw school officials. I have read and understand the preceding information, provided correct information, and grant permission for my son/daughter to participate in the following Athletics and or Activities

Parent/Guardian Signature

Student Signature

Athletic Director Signature

Fall Sport: _____ Winter Sport: _____

Spring Sport: _____ Club: _____

Drama: Fall Winter One Acts Spring

Concussion and Sudden Cardiac Arrest 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. 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:

- | |
|---|
| <ul style="list-style-type: none">• 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 athlete 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 athlete 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”

“...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, after removing the student from practice/play, immediately inform your athlete’s parents/guardians and the building athletic trainer if you think that he/she may have a concussion, and then remind them of what steps they must take. Remember its 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>
<http://www.wiaa.com>

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 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!

For current up to date information go to: <http://www.wiaa.com/ConDocs/Con1325/Flyer5.pdf>

Enumclaw High School and Enumclaw School District

Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

The Enumclaw School District and Enumclaw High School believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in Enumclaw High School athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date



ENUMCLAW HIGH SCHOOL



Physical Evaluation Form

Student Name _____ DOB/Age _____

School _____ Grade _____ Teacher/Advisor/Coach _____

Parent/Guardian Name _____ Phone H) _____ W) _____ C) _____

Parent/Guardian Name _____ Phone H) _____ W) _____ C) _____

Address, City, Zip _____

Licensed Health Care Provider _____ Phone _____

Medical Concerns

	Yes	No	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Date of last seizure: _____
Latex Allergy	<input type="checkbox"/>	<input type="checkbox"/>	
Allergic Reactions (plant, insect, food, medicine)	<input type="checkbox"/>	<input type="checkbox"/>	Type/emergency medication: _____
Recent exposure to contagious disease	<input type="checkbox"/>	<input type="checkbox"/>	Disease: _____
Safety Concerns/Sleepwalking/Fainting	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain: _____
Special Dietary Needs	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain: _____
Other	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain: _____
Is student currently taking medication	<input type="checkbox"/>	<input type="checkbox"/>	If yes, list medications needed for this activity: _____

Other information or direction from parent: _____

Parent Signature: _____ Date: _____

PHYSICAL EXAMINATION FOR PHYSICIAN USE ONLY

Age: _____ Pulse: _____ Blood Pressure: _____ Height: _____ Weight: _____

FOR WRESTLERS ONLY: Minimum Wrestling Weight: _____ Visual Acuity: Left 20/_____ Right 20/_____

Normal		Abnormal	Normal		Abnormal
<input type="checkbox"/>	1. Head	<input type="checkbox"/>	<input type="checkbox"/>	8. Genitalia	<input type="checkbox"/>
<input type="checkbox"/>	2. Eyes (pupils), ENT	<input type="checkbox"/>	<input type="checkbox"/>	9. Neurologic	<input type="checkbox"/>
<input type="checkbox"/>	3. Teeth	<input type="checkbox"/>	<input type="checkbox"/>	10. Skin	<input type="checkbox"/>
<input type="checkbox"/>	4. Chest	<input type="checkbox"/>	<input type="checkbox"/>	11. Physical Maturity	<input type="checkbox"/>
<input type="checkbox"/>	5. Lungs	<input type="checkbox"/>	<input type="checkbox"/>	12. Spine, Back	<input type="checkbox"/>
<input type="checkbox"/>	6. Heart	<input type="checkbox"/>	<input type="checkbox"/>	13. Shoulders, Upper extremities	<input type="checkbox"/>
<input type="checkbox"/>	7. Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	14. Lower extremities	<input type="checkbox"/>

Limited participation (describe limitations, restrictions): _____

Recommendations (equipment, taping, rehabilitation, etc.): _____

Examiner's Signature: _____ Date: _____

Print Examiner's Name: _____ Examiner's Phone: _____