



ENUMCLAW HIGH SCHOOL ATHLETICS

Sports Registration Packet

Enumclaw High School offers sports in three seasons:

FALL SPORTS: *(First Practice August 22, 2016 – Season End December 3, 2016)*

Football (First Practice August 17, 2016), Boys & Girls Cross Country, Girls Soccer, Girls Swim & Dive, Boys Tennis, Volleyball, Boys Water Polo, Cheer and Unified Special Olympics Flag Football, Boys & Girls Golf

WINTER SPORTS: *(First Practice November 14, 2016 – Season End March 25, 2017)*

Boys Swim & Dive, Boys & Girls Basketball, Boys & Girls Wrestling, Equestrian, Unified Special Olympics Basketball, **Gymnastics (First Practice November 7, 2016)**

SPRING SPORTS: *(First Practice February 27, 2016 – Season End May 27, 2016)*

Track & Field, Fast Pitch Softball, Boys Soccer, Baseball, Girls Tennis, Girls Water Polo, Judo and Unified Special Olympics Soccer.

WHAT YOU WILL NEED TO PARTICIPATE:

Fees, Fines & ASB *Before competing in a sport, all participants must pay ALL fines and class fees, purchase an ASB Card (\$42) and **pay the sports fee of \$52.00 per sport.*** Please pay all applicable fees and fines with the EHS Cashier. Please note that **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 immunizations records filled out and turned in.

THIS PACKET INCLUDES THE FOLLOWING REQUIRED FORMS:

1. Sport Specific Safety Form – **1 form for EACH sport participating in during the School Year**
2. Concussion & Sudden Cardiac Arrest Form (1 per year)
3. Current Physical Exam – (Good for 2 years)
4. Athletic/Activities Participation Form (1 per year)

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



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Requirements for Participation in EHS Athletics Programs

The following are the basic requirements for a student to participate in athletic programs at Enumclaw High School.

- Enrolled in Enumclaw School District *
- Current Physical Evaluation Form (Good for 2 years from Dr.'s Signature)
- Enumclaw High School Athletic/Activities Registration Form (1 per year)
- Sport Specific Safety Form (1 per sport)
- Signed Concussion and Sudden Cardia Arrest Form (1 per year)
- Academically eligible:
Passing 5 of 6 classes in the previous semester with 2.00 GPA or higher
or passing 6/6 classes in previous semester
- Purchase of and EHS ASB Card (\$42.00 per year)
- All outstanding fines and fees MUST BE paid with EHS Cashier
(Please note: Cashier's Office is closed on Fridays – Plan Ahead)
- Athletic Sport Fee Paid:
 - \$52.00 PER SPORT
 - \$30 PER SPORT FOR REDUCED LUNCH
 - \$10 PER SPORT FOR FREE LUNCH

The above items must be on file and complete with the EHS Athletic Office prior to the first practice.

* **Please note additional paperwork required for Running Start Students, Home School Students and intra-district Students.**



ENUMCLAW HIGH SCHOOL



Physical Evaluation Form

Student Name _____ AGE ____ DOB ____ / ____ / ____ Gender: M F
 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:** _____

