



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:** _____

Enumclaw School District / Enumclaw High School

Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

Enumclaw High School / Enumclaw School District 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 / Enumclaw School District 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

