



ENUMCLAW HIGH SCHOOL ATHLETICS

Sports Registration Packet

Enumclaw High School offers sports in three seasons:

FALL SPORTS: (First Practice August 20, 2018 – Season End December 1, 2018)

Football (First Practice August 15, 2018), Boys & Girls Cross Country, Girls Soccer, Girls Swim & Dive, Boys Tennis, Volleyball, Boys' Water Polo, Cheer and Boys & Girls Golf

WINTER SPORTS: (First Practice November 12, 2018 – Season End March 23, 2019)

Boys Swim & Dive, Boys & Girls Basketball, Boys & Girls Wrestling, Equestrian, Basketball, Gymnastics and Unified Special Olympics Basketball

SPRING SPORTS: (First Practice February 25, 2019 – Season End May 30, 2019)

Track & Field, FastPitch-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.



ENUMCLAW HIGH SCHOOL ATHLETICS

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 Cardiac 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 the previous semester
- Purchase of an 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

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
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's Name/Guardian Name: _____ Home/Cell Phone: _____

Father's Name/Guardian Name: _____ 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 9th Grade

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.J.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 clean condition and in a timely manner.. 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: _____

Fall Sports: Cheer Cross Country Football Golf Girls Swim & Dive Girls Soccer Boys Tennis
 Boys Water Polo Volleyball

Winter Sports: Basketball Girls Gymnastics Boys Swim & Dive Unified Basketball Wrestling

Spring Sports: Baseball Boys Soccer Softball-Fastpitch Girls Tennis Track & Field Unified Soccer

DRAMA CHOIR BAND ROBOTICS

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



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: _____