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Kittitas Secondary School  
7571 Kittitas Highway  
PO Box 599  
Kittitas, WA 98934  
Phone: 509.968.3902  
Fax: 509.968.4730

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Welcome to Kittitas Athletics. As a team member you will be faced with many responsibilities to help make our program the best in the Valley. This packet has been designed to help make the paper work easier so you can turn out as soon as possible. The following must be completed to receive RED CARD clearance:**

1. Parental Consent for Medical Attention & Insurance Coverage
2. Concussion Release Form
3. Parent and Coach Expectations
4. Athletic Code
5. Physical Form
6. ASB Card Purchased

**All athletes must be a member of the Associated Student Body- ASB cards MUST be purchased prior to the first day of practice.**

Please check off interested sports:

**Fall**

- MS Football
- MS Volleyball
- HS Football
- HS Volleyball
- Cheer

**Winter**

- MS Boys Basketball
- MS Girls Basketball
- MS Wrestling
- HS Boys Basketball
- HS Girls Basketball
- HS Wrestling

**Spring**

- MS Baseball
- MS Softball
- MS Track
- HS Baseball
- HS Softball
- HS Track

**KITTITAS SECONDARY SCHOOL**  
**PARENTAL CONSENT FOR MEDICAL ATTENTION & INSURANCE COVERAGE**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

As a parent or legal guardian of the above-named student, I hereby authorize the coach to other responsible school official to obtain emergency medical care for my child should such become necessary and authorized people noted cannot be reached. (A reasonable effort will be made to contact one of the above.)

Name of physician preferred: \_\_\_\_\_ Office Phone: \_\_\_\_\_

I hereby give my consent for my son/daughter to participate in interscholastic athletics at Kittitas Secondary School. While I expect school authorities to exert every reasonable precaution to avoid injury, I understand that they assume no obligation for any accident that may occur. I accept full responsibility for the cost of treatment for any injury, which he/she may suffer while taking part in the program.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I understand that my son/daughter cannot participate in after-school athletics unless covered by the School Accident Plan or one with the following minimum provisions:**

1. A maximum payment for any one injury of at least \$25,000.00
2. Coverage equivalent to the Washington State Industrial Insurance Fee.
3. Schedule for doctor's services or hospitalization with a 30-day minimum for the latter.
4. X-rays to a maximum of at least \$25.00
5. Dental coverage equivalent to the Washington State Industrial Insurance Fee Schedule to at least \$100.00 per tooth.

**PLEASE CHECK ONE OF THE FOLLOWING:**

\_\_\_\_\_ I will purchase the School Accident Coverage Plan

\_\_\_\_\_ I have insurance coverage equivalent to or better than the above requirements of the Kittitas School District and will continue to keep it in force throughout the sport's season, therefore, I do not wish to enroll my son/daughter in the School Accident Coverage Plan.

Name of company providing coverage is: \_\_\_\_\_

Policy Number is: \_\_\_\_\_

**Kittitas School District 403**  
**Concussion Information Sheet**

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"><li>• Headaches</li><li>• "Pressure in head"</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• "Don't feel right"</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|---|--|

**Signs observed by teammates, parents and coaches include:**

- 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
- Show 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

**Kittitas School District 403**

**Concussion Release Form**

**What can happen if my child keeps on playing with a concussion or returns to soon?**

Athletes with 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 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/>

\_\_\_\_\_  
Student-athlete name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent of Legal Guardian Signature

\_\_\_\_\_  
Date

**Kittitas School District  
Athletic Department  
Parent and Coach Expectations**

**Expectations for parents/guardians:**

1. Support your student-athlete's efforts to achieve success.
2. Work to promote a positive environment that is conducive to the development of your student-athlete.
3. Treat all coaching personnel with courtesy and respect.
4. Assure that your student-athlete will attend all scheduled practices and athletic contests.
5. Promote and model mature and sportsmanlike behavior at all athletic contests. Enjoy watching a moment in your child's life that cannot be recaptured.

**Expectations for coaches:**

1. Promote the health and safety of student athletes at all times.
2. Be a model for appropriate language, sportsmanship, and behavior at all times.
3. Establish time demands that acknowledge the primary importance of each student-athlete's academic and family responsibilities.
4. Promote among athletes and coaches a solid sense of team membership.
5. Assist, whenever appropriate, with post high school planning for individual student athletes as it relates to athletics.
6. Be available to meet with parents at times that are mutually convenient and in alignment with parent/coach guidelines.
7. Adhere to WIAA and Kittitas School District policies.

**Parent/Coach Communication Plan**

**Communication a parent/guardian should expect from a coach:**

1. The expectations the coach has for your child as well as the players on the team.
2. Locations and times of all practices and games.
3. Team requirements.
4. Discipline that may result in the denial of your child's participation.

**Appropriate concerns to discuss with coaches:**

1. Situations involving your child.
2. Ways to help your child improve.
3. Your child's attitude, work ethic, and eligibility.
4. Concerns about your child's behavior

**Issues that are not appropriate to discuss with coaches or AD:**

1. Playing time of any student-athlete
2. Team strategy, practice organization, or play calling.
3. Other student-athletes

**Procedures to follow if there is a concern to discuss with a coach:**

1. Your child should speak to the coach about an issue, before you intervene. This will help our student-athletes grow into young adults.
2. Contact the coach to set up an appointment. If the coach can not be reached, contact the athletic director. The athletic director will assist you in arranging a meeting.
3. If a meeting with the coach did not provide a satisfactory resolution, call to schedule an appointment with the athletic director to discuss the situation. The athletic director will only intervene if the issue has already been discussed with the coach.

Please do not confront a coach before or after a game or practice. Meetings during these times normally do not assist in creating a resolution to the situation.

Please do not use email to discuss an issue with a coach.

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Parent Signature

Date

## KITTITAS SECONDARY ATHLETIC CODE

The opportunity to participate in the interscholastic athletic program is a privilege granted to all students of the district. Participants in this voluntary program are expected to conform to specific conduct standards established by the principals and athletic coaches.

A student who is found by a certificated staff member of the student's school to be in violation of any rules is subject to removal from the team. Provision is made for a student who has allegedly violated one or more of the conduct rules to appeal a disciplinary action as specified in this code.

The following rules shall be applicable for a sports season:

### **Use and/or Possession of Alcoholic Beverages, Tobacco**

An athlete who is found to be in possession of alcohol or tobacco products may be removed from the athletic team for three weeks (first offense). If the student violates the rule twice during the sports season, he/she will be dropped from the team for the season.

### **Use and/or Possession of Illegal Chemical Substances or Opiates**

An athlete who is found to be in possession of one or more of the above (including marijuana/cannabis) will be removed from the team for the balance of the sports season.

### **Physical Appearance**

An athlete shall maintain the dress and grooming standards of the team. First offense: verbal warning. Repeated offenses: removal from the activity for five (5) school days.

### **Unsportsmanlike Conduct**

An athlete shall exhibit appropriate conduct in practices and/or contests.

### **Attendance at School**

If an athlete receives an unexcused absence for any portion of the day, the athlete shall be ineligible to participate in practice or competition on that day.

### **Absence from Practice**

An athlete is expected to be in attendance at all team practices unless excused for illness or by prior approval.

### **Violation of Law on School Grounds**

When a student is found guilty of an offense committed while on school grounds or at a school activity, the corrective action will depend upon the nature of the violation.

### **Repeated Offenses**

If a student repeatedly violates one of the above rules, he/she may be removed from the team for the remainder of the sports season.

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Athlete Signature

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Parent Signature





## PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Exam Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Sport(s): \_\_\_\_\_ Grade: \_\_\_\_\_

### HISTORY

- |       | Yes                      | No                       |  |
|-------|--------------------------|--------------------------|--|
| 1 a.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any illness/injury recently, or do you have an illness/injury now?                    |
| b.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you had a medical problem, illness or injury since your last exam?                            |
| c.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any chronic or recurrent illness?  |
| d.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any illness lasting more than a week?  |
| e.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been hospitalized overnight?   |
| f.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any surgery other than tonsillectomy?   |
| g.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any injuries requiring treatment by a physician?                                 |
| h.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any organ missing other than tonsils ( appendix, eye, kidney, testicle, etc.)?         |
| 2.    | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently taking ANY medications ( including birth control pill, vitamin, aspirin, etc.)?  |
| 3.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you have ANY allergies (medicines, bees, foods, or other factors)?                              |
| 4 a.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?           |
| b.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you tire more easily or quickly than your friends during exercise?                              |
| c.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any problem with your blood pressure or your heart?                              |
| d.    | <input type="checkbox"/> | <input type="checkbox"/> | Have any close relatives had heart problems, heart attack or sudden death before they were age 50? |
| 5.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any skin problems (acne, itching, rashes, etc.)?                                       |
| 6 a.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had fainting, convulsions, seizures or severe dizziness?                             |
| b.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you have frequent severe headaches?   |
| c.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a "stinger" or "burner" or "pinched nerve"?                                      |
| d.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been "knocked out" or "passed out"?  |
| e.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a neck or head injury?   |
| 7.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?      |
| 8.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you had asthma, or trouble breathing, or cough during or after exercise?                      |
| 9 a.  | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear eyeglasses, contact lenses or protective eye wear?                                     |
| b.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any problem with your eyes or vision?   |
| 10.   | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear any dental appliance such as braces, bridge, plate, retainer?                          |
| 11 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a knee injury?   |
| b.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an ankle injury?   |
| c.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?                            |
| d.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a broken bone (fracture)?  |
| e.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a cast, splint, or had to use crutches?  |
| f.    | <input type="checkbox"/> | <input type="checkbox"/> | Must you use special equipment for competition (pads, braces, neck roll, etc.)?                    |
| 12.   | <input type="checkbox"/> | <input type="checkbox"/> | Has it been more than 5 years since your last tetanus booster shot?                                |
| 13.   | <input type="checkbox"/> | <input type="checkbox"/> | Are you worried about your weight?   |
| 14.   | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES: Have you any menstrual problems?  |
| 15.   | <input type="checkbox"/> | <input type="checkbox"/> | Have you any medical concerns about participating in your sport?                                   |

\*\*\*\*\* ATHLETE SHOULD NOT WRITE BELOW THIS LINE \*\*\*\*\*

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

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**PHYSICAL EXAMINATION**

Age: \_\_\_\_\_ Pulse: \_\_\_\_\_

Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Weight: \_\_\_\_\_ Visual Acuity: Left 20/ \_\_\_\_\_  
 Right 20/ \_\_\_\_\_

Optional

Urinalysis: \_\_\_\_\_

Body Fat % \_\_\_\_\_

HCT: \_\_\_\_\_

EST VO2 Max: \_\_\_\_\_

Audiometry: \_\_\_\_\_

Normal

Abnormal

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Head</li> <li><input type="checkbox"/> 2. Eyes (pupils), ENT</li> <li><input type="checkbox"/> 3. Teeth</li> <li><input type="checkbox"/> 4. Chest</li> <li><input type="checkbox"/> 5. Lungs</li> <li><input type="checkbox"/> 6. Heart</li> <li><input type="checkbox"/> 7. Abdomen</li> <li><input type="checkbox"/> 8. Genitalia</li> <li><input type="checkbox"/> 9. Neurologic</li> <li><input type="checkbox"/> 10. Skin</li> <li><input type="checkbox"/> 11. Physical Maturity</li> <li><input type="checkbox"/> 12. Spine, Back</li> <li><input type="checkbox"/> 13. Shoulders, Upper extremities</li> <li><input type="checkbox"/> 14. Lower extremities</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul> |
|--|--|

Assessment:  Full participation  
 Limited participation (describe limitations, restrictions):  
 \_\_\_\_\_  
 \_\_\_\_\_

Participation contraindicated (list reasons):  
 \_\_\_\_\_  
 \_\_\_\_\_

Recommendations (equipment, taping, rehabilitation, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: \_\_\_\_\_ EXAMINER'S SIGNATURE: \_\_\_\_\_

EXAMINER'S PHONE: ( ) \_\_\_\_\_ PRINT EXAMINER'S NAME: \_\_\_\_\_