

Requirements for Participation in Athletic Programs

The following are the basic requirements for a student to participate in athletic programs in the secondary schools in the North Kitsap School District. There are other requirements more specific to a building and a sport that are identified in either the student athletic handbook or the WIAA Handbook. Athletic handbooks are available at all the secondary schools and online www.nkschools.org and the WIAA Handbook can be accessed at www.wiaa.com

- Enrolled in North Kitsap School District
- NKSD Athletic Registration Form**
- Current physical** (*renewed every 24 months*)
- Participation Fee (*subject to change*)
High school: \$100.00 per sport / 3rd sport fee waived / \$400 Family CAP
Reduced Lunch \$50.00 per sport / 3rd sport fee waived / \$200 Family CAP
Middle school: \$50.00 per sport / 4th sport fee waived / \$250 Family CAP
Reduced Lunch \$25.00 per sport / 4th sport fee waive / \$125 Family CAP
- Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form** (*Included are three fact sheets to be read*)
- Sports Specific Safety Guidelines and Consent Form** (*The following forms are not included in this packet. They are available to be printed off of the NKSD website.*)
- Proof of Insurance/Emergency Information and Consent Form**
- Academically eligible (*passing all classes while in season; passed 5 of 6 classes in previous semester*)
- Purchase of an ASB card \$_____
- No outstanding fines in NKSD

****These items must be on file with Athletic Office prior to first participation in practice.**
Rev. 6-19-17

Pre-participation History & Physical Examination Form

Name _____ Birth Date _____
 Address _____
 City/State _____ Phone _____
 Zip _____ Sport(s) _____
 Grade _____ School _____

Physical Examination

Age _____ Pulse _____
 Height _____ Blood Pressure _____
 Weight _____ Visual Acuity Left 20/ _____
 Right 20/ _____

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

Assessment

- Full Participation
- Limited Participation (describe limitations/restrictions) _____
- Participation contraindicated (list reasons) _____
- Recommendations (equipment/taping/rehabilitation, etc.) _____
- Will this physical be acceptable for High School Sports? Yes No

Examiner's Printed Name _____ Date _____
 Examiner's Signature _____ Phone _____

- History**
 Please explain any "yes" answers below.
- Yes No
- Have you had any illness/injury recently, or do you have an illness/injury now?
 - Have you had a medical problem, illness or injury since your last exam?
 - Do you have any chronic or recurrent illnesses?
 - Have you ever had any illness lasting more than a week?
 - Have you ever been hospitalized overnight?
 - Have you had any surgery other than tonsillectomy?
 - Have you ever had any injuries requiring treatment by a physician?
 - Do you have any organ missing other than tonsils (appendix, eye, kidney, etc.)?
 - Are you presently taking ANY medications?
 - Do you have ANY allergies (medicines, bees, foods, or other factors)?
 - Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
 - Do you tire more easily or quickly than your friends during exercise?
 - Have you ever had any problem with your blood pressure or your heart?
 - Have any close relatives had heart problems, heart attack, or sudden death before they were age 50?
 - Do you have any skin problems (acne, itching rashes, etc.)?
 - Have you ever had fainting, convulsions, seizures, or severe dizziness?
 - Do you have frequent headaches?
 - Have you ever had a "stinger" or "burner" or "pinched nerve"?
 - Have you ever been "knocked out" or "passed out"?
 - Have you ever had a neck or head injury?
 - Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related problems?
 - Have you had asthma, or trouble breathing, or cough during or after exercise?
 - Do you wear eyeglasses, contact lenses, or protective eye wear?
 - Do you wear any dental appliance such as braces, bridge, plate, and retainer?
 - Have you ever had a knee injury?
 - Have you ever had an ankle injury?
 - Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
 - Have you ever had a broken bone (fracture)?
 - Have you ever had a cast, splint, or had to use crutches?
 - Must you use special equipment for competition (pads, braces, neck roll, etc.)?
 - Has it been more than 5 years since your last tetanus booster shot?
 - Are you worried about your weight?
 - Females: Have you any menstrual problems?
 - Have you had any medical concerns about participating in your sport?

Yes Answers _____

Parent Signature _____

Extra-Curricular Participation Fee Contract

Please Print

Name: _____ Grade: _____ Date: _____

School: _____ Activities: _____

General Information

- Extra-Curricular activities/Interscholastic Sports requiring participation fees: Baseball, Basketball, Cheer, Cross Country, Debate, Fastpitch, Football, Golf, Gymnastics, Soccer, Swimming, Tennis, Track, Volleyball and Wrestling.
- In an effort to supplement available District funds for extra-curricular programs, a fee will be collected from participating students. The fee shall be collected from any student who participates in athletics at Kingston High School, North Kitsap High School, Poulsbo Middle School or Kingston Middle School. This also applies to home school students, private school students, PAL, Spectrum students, Running Start, or others authorized by WIAA participation rules.
- The student shall abide by all WIAA and NKSD policies, rules and regulations. These are outlined for all athletic programs in the NKSD Student Athlete's Handbook.
- Payment of the participation fee does not guarantee playing time in competition, participation in competitions, awarding of a letter, or any similar guarantee.

Financial Information

- NKSD students shall pay \$100 at the high school level and \$50 per sport at the middle school level. If a student is involved in multiple sports, the maximum "out-of-pocket" per year shall be \$200 (\$400 a family) at the high school and \$150 (\$250 a family) at the middle school.
- Reduced Lunch Students shall receive financial aid for one half of the participation fee. \$50 at the high school level and \$25 per sport at the middle school level. Third sport is free for high school athletes, 4th sport fee for middle school athletes.
- Students cannot turn out for any sport that requires payment of a participation fee until the student has provided the following paperwork:
 - Proof of insurance and emergency form
 - Physical examination form
 - Athletic Registration Form with Concussion awareness
 - Sport-specific inherent risk consent form
- Student athletes must pay the participation fee by a date designated by the building Athletic Coordinator at the beginning of the season and BEFORE the first interscholastic contest. After that building-determined cut-off date, only those who have paid this fee may participate in practices and contests.
- Financial Aid applications to waive or reduce the payment of participation fees will be available from the Athletic Coordinator at each school and must accompany the Approval Letter from the NKSD Nutrition Services for Free and Reduce Lunch.
- Refund of Participation Fees: Refunds may be made to those students who do not plan to continue participation in an extra-curricular program beyond the minimum number of practices necessary to be eligible to compete (usually 10 practice days). The refund will be determined based on the recommendation of the head coach with final approval being the responsibility of the building Athletic Coordinator/Principal.

District Obligations:

- All extra-curricular programs will be offered in accordance with appropriate District and WIAA policies and regulations.
- The NKSD Board of Directors will retain final authority as to which extra-curricular programs will be offered each year.

I have read and understand the above terms and conditions and agree to abide by the same.

Student Signature: _____ Parent/Guardian Signature: _____



North Kitsap School District Concussion Fact Sheet



for High School Sports

Fact sheet for **STUDENT-ATHLETES**

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Can occur during practices or games in any sport.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or had your "bell rung."

How can I prevent a concussion?

It's different for every sport. But there are steps you can take to protect yourself from concussion.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets). In order for equipment to protect you, it must be:
 - Appropriate for the game, position, and activity
 - Well maintained
 - Properly fitted
 - Used every time you play

What are the symptoms of a concussion?

- Nausea (feeling that you might vomit)
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Headache
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems (forgetting game plays)
- Confusion



What should I do if I think I have a concussion?

- **Tell your athletic trainer, coaches and your parents.** Never ignore a bump, blow, or jolt to the head. Also, tell your coach if one of your teammates might have a concussion.
- **Get a medical check up.** A licensed health care professional can tell you if you have had a concussion and when you are OK to return to play.
- **Give yourself time to recover.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause permanent brain damage, and even death in rare cases. Severe brain injury can change your whole life.

How do I know if I've had a concussion?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up days or weeks after the injury. It's best to see a health care professional if you think you might have a concussion. An undiagnosed concussion can affect your ability to do schoolwork and other everyday activities. It also raises your risk for additional, serious injury.

It's better to miss one game than the whole season.

Information from:
Department of Health and Human Services- Center for Disease Control and Prevention
http://www.cdc.gov/ncipc/tbl/Coaches_Tool_Kit.htm





North Kitsap School District Concussion Fact Sheet

for High School Sports
Fact Sheet for **Parents**

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even a “ding” or a bump on the head can be serious.



What are the signs and symptoms of concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or can take days or weeks to appear. If your teen reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

Signs observed by athletic trainer, coaches, parents or guardian	Symptom reported by athlete
<ul style="list-style-type: none"> ◆ Appearing dazed or stunned ◆ Is confused about assignment ◆ Forgets plays ◆ Is unsure of game, score, or opponent ◆ Moves clumsily ◆ Answers questions slowly ◆ Loses consciousness ◆ Shows behavior or personality changes ◆ Can't recall events prior to hit ◆ Can't recall events after hit 	<ul style="list-style-type: none"> ◆ Headache ◆ Nausea ◆ Balance problems or dizziness ◆ Double or fuzzy vision ◆ Sensitivity to light or noise ◆ Feeling sluggish ◆ Feeling foggy or groggy ◆ Concentration or memory problems ◆ Confusion



What should you do if you think your teenage athlete has a concussion?

- Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
- Keep your teen out of play. Concussions take time to heal. Don't let your teen return to play until a health care professional says it's OK. Athletes who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your teen for a lifetime.
- Tell your teen's athletic trainer and coaches about any recent concussion. Athletic Trainers and coaches should know if your teen had a recent concussion in ANY sport. Your teen's athletic trainer and coaches may not know about a concussion your teen received in another sport or activity unless you tell them. Knowing about the concussion will allow the athletic trainer and coach to keep your teen from activities that could result in another concussion.
- Remind your teen: It's better to miss one game than the whole season.

It's better to miss one game than the whole season.

Information from:
Department of Health and Human Services- Center for Disease Control and Prevention
http://www.cdc.gov/nclpc/tb/Coaches_Tool_Kit.htm



Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



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!



Cardiac 3-Minute Drill

1. RECOGNIZE Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!
Every Second Counts!**

UW Medicine
Center For Sports Cardiology
www.uwsportscardiology.org



**WASHINGTON INTERSCHOLASTIC
ACTIVITIES ASSOCIATION**



SCA Awareness
Youth Heart Screening
CPR/AED in Schools

www.nickoftimefoundation.org

North Kitsap School District

Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

The North Kitsap 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 North Kitsap 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.

_____	_____	_____
<i>Student Name (Printed)</i>	<i>Student Name (Signed)</i>	<i>Date</i>
_____	_____	_____
<i>Parent Name (Printed)</i>	<i>Parent Name (Signed)</i>	<i>Date</i>

Emergency Insurance Information & Consent

Athlete's Name: _____ Phone: _____ Sport(s): _____
Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardian Name(s): _____ Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Emergency Contact: _____ Phone: _____
Emergency Contact (other than a parent/guardian): _____ Phone: _____

Each student participating in athletic activities is required to have medical insurance that covers injuries. I understand that NKSD does not provide medical insurance for student injuries, but does make available information about student accident/health insurance that you may purchase.

Family Health Accident Insurance

Carrier: _____
Group#: _____ Policy #: _____ ID#: _____
Family Physician: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Any serious medical conditions? _____
Allergies? _____

I/We hereby grant consent to any and all health care providers designed by NKSD to provide my child (name) _____, any necessary medical care as a result of any injury/illness. My insurance _____ (does / does not) cover sports. I understand and agree that medical information may be shared with other healthcare professionals and athletic department personnel. **I will notify the school is writing of any changes or cancellation of my insurance.**

Parent Signature

Date

REQUEST FOR FINANCIAL ASSISTANCE FOR PARTICIPATION FEE
School Year 2017-2018

ALL REQUESTS MUST BE MADE IN WRITING AND SUBMITTED TO
THEIR CHILD'S RESPECTIVE BUILDING ATHLETIC COORDINATOR.

Student's Name: _____ Grade _____

Activity: _____

Student's Name: _____ Grade _____

Activity: _____

Student's Name: _____ Grade _____

Activity: _____

Student's Name: _____ Grade _____

Activity: _____

We respectfully request that our child (ren) receive financial support in paying the mandatory Participation Fee in order to be eligible to participate in NKSD extra-curricular athletics.

We have attached the Approval Letter for Free and Reduced Meals from the NKSD Nutrition Services.

Name: _____
Parent/Legal Guardian

Date of request: _____

**CONSENT TO SHARE PROGRAM ELIGIBILITY INFORMATION
FOR OTHER SCHOOL PROGRAMS
2017-18 School Year**

**CONSENT TO SHARE PROGRAM ELIGIBILITY INFORMATION
FOR OTHER SCHOOL PROGRAMS
2017-18 School Year**

If you qualify for free or reduced-price meals based on household size or income or, if you receive Basic Food, Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservations (FDPIR), or have been Directly Certified as eligible for free meals you may be eligible for decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals.

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits.

Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Print Student Name(s) here:

Signature of Parent/Guardian: _____ Date: _____

E-Mail Address: _____ Phone: _____

USDA is an equal opportunity provider and employer.