

NAME OF STUDENT _____ CIRCLE SCHOOL YEAR **6 7 8** Male or Female
LAST FIRST MIDDLE

BIRTHDATE _____ AGE _____

Enumclaw School District Middle School ACTIVITY PARTICIPATION FORM
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ELIGIBILITY:

1. Under 15 years of age prior to June 1 of the previous year.
2. Maintain passing grades in 4 classes out of 6 classes from the **previous & current grading term**.
3. Parents or guardian must be a **bona fide** resident of the Enumclaw School District or have been **officially** transferred.
4. Must Purchase an ASB card.
5. Paid your Athletic User Fee.
6. Current Sports Physical on file.

EQUIPMENT:

1. Issued equipment belongs to the Associated Student Body. Loss of issued equipment is the student's financial obligation.
2. A fee will be charged for equipment not returned by date set by the coach/advisor.

TRAVEL:

1. All participants must travel to and from athletic/activity contest with the team and in transportation provided for this purpose.

• I have read and understand the above information for student athletics/activities and I agree to abide by these guidelines/rules.

STUDENT SIGNATURE

DATE

ACCIDENT INSURANCE - PARENT RESPONSIBILITY

I recognize that in case of injury to my student, the cost of treatment is my responsibility and not the responsibility of the school district.

I further understand that it is **required** that my student be covered by medical insurance while participating in school-sponsored athletics.

I have adequate coverage with (medical) _____

I do not have adequate coverage and wish to enroll my student in the school-time accident insurance program offered by the school district. I understand that my student can participate when the school insurance is mailed by me and the pink verification form is signed by me and returned to the school.

SAFETY

Your student 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. The coach/advisor will discuss specific safety guidelines and required number of practices pertaining to their sport. Your signature indicates that you are aware that **you will be advised of this information from each coach/advisor**.

• I have read and understand the above information for student athletics. Therefore, I grant permission for my student to participate in all sports (upon return of a signed Clearance card with emergency information for **each** Coach/sport).

• I have also read and filled in the information for Accident Insurance.

PARENT/GUARDIAN SIGNATURE

DATE

NAME OF STUDENT _____

PHYSICAL EXAMINATION FOR MIDDLE SCHOOL STUDENTS ONLY

WIAA REGULATIONS AS WELL AS THE ENUMCLAW SCHOOL DISTRICT REQUIRE a new physical examination to begin participation in interscholastic athletics at the Middle School level and at the High School level. This physical is good for 24 months and must not expire during the season your child is participating.

8th Graders Note: You must get a new physical examination upon entering High School.

MEDICAL AUTHORITIES LICENCED TO GIVE PHYSICAL EXAMINATIONS:

1. Medical Doctor (M.D.)
2. Physician Assistant (P.A.C)
3. Doctor of Osteopathy (D. O.)
4. Certified Nurse Practitioner (CRN)

Age: _____ Pulse: _____ Height: _____ Blood Pressure: _____

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"/>

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

Participation contraindicated (list reasons):

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

Date: _____

Examiner's Signature: _____

Print Examiner's Name: _____

Examiner's Phone: () _____