



# Mountain View Middle School Athletic/Activities Packet

**Check off List:**

- Parent and Student must read the "Athletic and Activities Code".
- Complete and sign "Medical Insurance & Emergency Authorization Form".
- Must have current **medical physical** on file. Physicals are good for 24 months from date of exam.
- Current **ASB Card** Required (\$25)
- All forms must be returned to the Main Office before student will be cleared to participate in athletics.**
- Grades will be checked for academic eligibility.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**GENDER:** \_\_\_M\_\_\_F **BIRTHDATE:** \_\_\_\_\_ **GRADE LEVEL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE NUMBER:** \_\_\_\_\_

**SCHOOL ATTENDED LAST YEAR:** \_\_\_\_\_

\_\_\_\_\_ Home School Student    \_\_\_\_\_ Other

## Please check one sport per season for the current school year

**Fall Sports:**

- Football
- Volleyball
- Team Manager

**Winter Sports:**

- Boys Basketball
- Girls Basketball
- Wrestling
- Girls Soccer
- Team Manager

**Spring Sports:**

- Baseball
- Fastpitch
- Track
- Team Manager

**STUDENT:** I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing to play/participate in sports may result not only in serious injury, but in a serious impairment of my future abilities. I recognize that the danger of risk is even greater in contact sports such as football and wrestling. Because of the dangers of participating in sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc. and agree to obey such instructions.

I have read and understand the Bremerton School District Athletics and Activities code and agree to abide by that Code.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT:** I have read and understand the above warning. I have also read and understand the Bremerton School District Athletics and Activities Code.

As the parent/legal guardian of \_\_\_\_\_, I agree to support my student in abiding by the Code.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# MEDICAL INSURANCE & EMERGENCY AUTHORIZATION FORM

Name of Athlete: \_\_\_\_\_ Grade: \_\_\_\_\_

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

## INSURANCE:

Option 1 \_\_\_\_\_ My son/daughter will enroll in the Student Accident Insurance Program offered through Bremerton School District.

Option 2 \_\_\_\_\_ My child is covered by the insurance listed below and I will continue to keep it in force throughout the sports season. If there are any changes in this status, I will contact the school to inform them of changes in insurance. The school principal or designee is authorized to contact the company named below to verify coverage limitations. I accept full responsibility for the cost of treatment of any injury that my son/daughter may suffer while taking part in the program.

Name of Company Providing Insurance: \_\_\_\_\_

Policy or Group #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY AUTHORIZATION:

As parent or legal guardian, I authorize the team coach or trainer, or in their absence, a qualified physician to examine the above named student, and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, deemed necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment. I hereby give permission to the school to contact emergency transportation necessary at parent/guardian expense.

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

If your physician is not available, will you accept the physician taking calls: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no:

Alternate Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Harrison Hospital \_\_\_\_\_ Navy Hospital \_\_\_\_\_ Other

History of injuries and/or surgeries: \_\_\_\_\_

Allergies to drugs (please list): \_\_\_\_\_

I accept full responsibility for the cost of treatment for any injury, which my child may suffer while taking part in the athletic and activities programs at Bremerton School District.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BREMERTON SCHOOL DISTRICT

## ATHLETICS AND ACTIVITIES CODE

READ THIS CODE CAREFULLY. BY SIGNING THE PERMISSION FORM, YOU ARE AGREEING TO ABIDE BY THIS CODE.  
KEEP THIS COPY FOR YOUR RECORDS.

The opportunity to participate in interscholastic athletic and activity programs is a privilege granted to all students of the Bremerton School District. These programs are to be considered a privilege and not a right. Therefore, these privileges can be revoked when deemed necessary. Academics are the first priority while partaking in a school-sponsored activity. Participants must not only be in compliance with the WIAA regulations, but also with that of the Bremerton School District Athletics/Activities Code, the school's Constitution and regulations imposed by the coaching staff.

As an active participant you are looked upon as a role model and a representative of Mountain View Middle School and must conduct yourself in a manner that reflects the school's ideals. The student/athletes signature on this code represents a commitment to the rules set forth in the code. Consider this as your first warning.

### ATTENDANCE:

Students must be in attendance the **entire** school day in order to participate that day (either practice or competition), unless approved notification is given to the coach prior to the absence or emergency approval by the administration is granted.

### ACADEMIC ELIGIBILITY:

- Students participating in co-curricular activities must be enrolled in at least five classes. Students must be passing all classes in which they are enrolled to be eligible to participate.
- Students participating must be earning a 2.0 GPA when the season begins and must maintain a 2.0 GPA throughout the season to continue to participate.
- Grade checks will be accomplished using progress reports and/or end of semester grades, as applicable. Students failing to meet academic standards at the semester grades will be placed on a five (5)-week probationary period from the start of the season. Students failing at progress report grade checks will be placed on ten (10) school days probationary period.
- In addition, grade checks may be required more often as deemed necessary by an Administrator or the Appeals Board. Students not meeting academic standards will be placed on probation and may not compete. Students may resume play when they have attained a 2.0 GPA with no failing grades. Grade checks for students on probation will be conducted by an Administrator to determine student eligibility.
- Students may appeal their ineligibility, under extenuating circumstances, within three days of notification.

### TRANSPORTATION:

To get to an activity you must ride the team bus or ride with a coach that has the required license and vehicle. You are allowed to ride home with your own parent/guardian upon visual exchange between the coach and parent/guardian, as well as signed permission statement from the parent/guardian.

## **CRIMINAL OFFENSES:**

It is a violation of Mountain View Middle School's Athletic Code for any student/athlete to commit any criminal act at any location. Disciplinary actions may result from such violations regardless of whether criminal charges or conviction results. Suspected violations will be individually reviewed and evaluated by an Administrator and/or Eligibility Board.

## **USAGE OF TOBACCO, ILLEGAL DRUGS, AND ALCOHOL:**

### ***Use of Tobacco and Alcohol***

The use of tobacco and alcohol will not be tolerated.

1<sup>st</sup> Violation – Immediate five (5) school days suspension from activity.

2<sup>nd</sup> Violation – Immediate removal from the activity for the remainder of the season. If the offense happens towards the end of the season, the suspension may cross over onto next athlete's season of participation.

3<sup>rd</sup> Violation – Loss of activity privileges for the remainder of the school year. Before being considered for reinstatement the student(s) must prove completion of a substance abuse counseling program.

### ***Use/Possession of Illegal Drugs***

**The illegal use of drugs and being in possession of will not be tolerated.**

1<sup>st</sup> Violation – The student athlete will be immediately suspended for the remainder of the season.

2<sup>nd</sup> Violation – The student athlete shall be immediately suspended from all interscholastic participation for one (1) year from the date of the infraction. Before being considered for reinstatement the student(s) must prove completion of a substance abuse counseling program.

3<sup>rd</sup> Violation – The student athlete shall be permanently ineligible for interscholastic competition.

It is a violation of the Athletic Code to be on any premises while alcohol or other drugs are being used. If found to be in violation; the student athlete will be suspended from all co-curricular activities for three (3) school days from all activities.

## **PROCEDURE FOR APPEAL**

The Appeal/Eligibility Board consists of:

1. An Administrator – Moderator (no voting privileges)
2. Administrator
3. Faculty representative
4. ASB student representative
5. Out-of-season head coach (to be selected by an Administrator)
6. Activities Director from MVMS

The Appeal Board will hear the student/athlete's appeal within two days of an Administrator receiving it and render a decision within three days. The student/athlete is ineligible to compete in contests until the appeal decision is completed.

## **SPORTSMANSHIP**

Mountain View Middle School is a member of the Olympic League and is responsible for following sportsmanship and spectator guidelines. These guidelines are published with the expectation that middle school athletics will uphold the proper spirit of competition. All Squires are expected to abide by our tradition of good sportsmanship with all rivals, to show respect for the visiting school's student body and adults, and to display only signs supportive of our own school. Narrows League rules also prohibit artificial noisemakers, confetti, and antagonistic yelling.

# 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.

<b>Symptoms may include one or more of the following:</b>	
<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>
<b>Signs observed by teammates, parents and coaches include:</b>	
<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> <li>• Slurred speech</li> <li>• Shows behavior or personality changes</li> <li>• Can’t recall events prior to hit</li> <li>• Can’t recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>	

**BREMERTON SCHOOL DISTRICT ATHLETICS  
(Concussion Information Sheet Cont'd)**

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

Athletes with the 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 its 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:  
[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

\_\_\_\_\_  
Student-athlete Name Printed

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

# PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

This form is not required as long as the conditions of 17.11.0 are met.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Sport: \_\_\_\_\_

## 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

Optional

Age: \_\_\_\_\_ Pulse: \_\_\_\_\_  
Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_  
Weight: \_\_\_\_\_ Visual Acuity: Left 20/ \_\_\_\_\_  
Right 20/ \_\_\_\_\_

Urinalysis:
Body Fat %
HCT:
EST VO2 Max:
Audiometry:

## Normal

- 1. Head
- 2. Eyes (pupils), ENT
- 3. Teeth
- 4. Chest
- 5. Lungs
- 6. Heart
- 7. Abdomen
- 8. Genitalia
- 9. Neurologic
- 10. Skin
- 11. Physical Maturity
- 12. Spine, Back
- 13. Shoulders, Upper extremities
- 14. Lower extremities

## Abnormal

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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- \_\_\_\_\_
- \_\_\_\_\_

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

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Participation contraindicated (list reasons):

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

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EXAM DATE: \_\_\_\_\_

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

EXAMINER'S PHONE: (     ) \_\_\_\_\_

PRINT EXAMINER'S NAME: \_\_\_\_\_