

Steilacoom High School Sentinels Football Registration Form

Student/Athlete Name _____ Date ____/____/____

Grade Level _____ Year Entered 9th Grade _____

Parents/Guardians Name _____ /

Student Address _____ City

Home # ____ - ____ Parents Work # ____ - ____ / ____ - ____

Parents Cell # ____ - ____ / ____ - ____

Make sure the following forms are complete and Signed:

____ Risk Management Safety Guidelines

____ Athletic Eligibility Section

____ Insurance Section

____ Parent Consent and Assumption of Risk Section

____ Physicians Physical and Athletic Code Section

____ Physicians Physical Exam Attached

Date of Exam ____/____/____

____ Last Semesters Grades or Transcripts

Athletic Director's Signature (or AD staff) _____

Date ____/____/____



FOOTBALL SAFETY GUIDELINES

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

1. Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
2. Advise the coach if you are ill or have any prolonged symptoms of illness.
3. Advise the coach if you have been injured.
4. Engage in warm-up activities prior to strenuous participation.
5. Be alert for any physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.

TACKLING, BLOCKING, AND RUNNING THE BALL

Tackling and blocking techniques are basically the same. Contact is to be made above the belt, but not initially with the helmet. The player should always be in a position of balance, knees bent, back straight, body slightly bent forward, head up and the target area as near to the body as possible with the main contact being made with the shoulder. When properly blocking or tackling an opponent, contact with your helmet will naturally result. Therefore, technique is most important in order to prevent or reduce the likelihood of injury.

Blocking and tackling by not keeping the helmet as close to the body as possible may result in a shoulder injury and a separation or a pinched nerve in the neck area. Injuries as a result of improper techniques can range from minor to disabling or even death. Improper body alignment can put the spinal column in a vulnerable position for injury. The development of strength in the neck muscles through isometric-type exercises will enable the participant to hold his/her head up even after getting tired during a workout or contest.

BASIC HITTING (CONTACT) POSITION AND FUNDAMENTAL TECHNIQUE

Strained muscle injuries can range from ankle injuries to serious knee injuries requiring surgery. The rules have made blocking below the waist (outside a two-yard by four-yard area next to the football) illegal.

Cleats are restricted to no more than one-half inch to further help prevent knee injuries. A runner with the ball, however, may be tackled around the legs.

In tackling, the rules prohibit initial contact with the helmet or grabbing the face mask on the edge of the helmet. Initial helmet contact may result in a bruise; dislocation; broken bone; head injury; or internal injury such as kidneys, spleen, bladder, etc. Grabbing the face mask or helmet edge may result in a neck injury which could result in injuries ranging from a muscle strain to a dislocation, nerve injury, or spinal column damage which could cause paralysis or death

EQUIPMENT

An athlete is required to wear all issued equipment. If equipment is damaged or does not fit correctly, the athlete must inform his coach immediately before use. Shoulder pads, helmets, hip pads, and pants (including thigh pads and knee pads) must have proper fitting and use.

A shoulder pad which is too small will leave the shoulder point vulnerable to bruises or separations. A shoulder pad that is too tight in the neck area may result in a possible pinched nerve. A shoulder pad which is too large will leave the neck area poorly protected and will slide on the shoulders making them vulnerable to bruises or separations. Helmets must fit snugly at the contact points: front, back, and top of head. The helmet must be safety "NOCSAE" branded, the chin straps must be fastened, and the cheek pads must be of the proper thickness. A fit which is too loose could result in headaches, a concussion, a face injury such as a broken nose or cheekbone, or a neck injury that is possibly quite serious such as paralysis or even death.

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the football program.

I am aware that tackle football is a high-risk sport and that practicing or competing in tackle football will be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of practicing and competing in tackle football include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risks of practicing or competing in tackle football may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

Because of the dangers of tackle football, I recognize the importance of following coaches' instructions regarding techniques, training and other team rules, etc., and to agree to obey such instructions.

I, _____ am the parent/legal guardian of
_____ (student). I have read the above warning and release

and understand its terms. I understand that tackle football is a **HIGH-RISK SPORT** involving many **RISKS OF INJURY**, including but not limited to those risks outlined above.

In consideration of the _____ School District permitting my child/ward to try out for the _____ School tackle football team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or competing in, tackle football, I hereby assume all the risks normally associated with tackle football and agree to hold the School District, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise from such risks. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Athlete's Signature

Date

Parent's/Guardian's Signature

Date

Student Name _____ **Birth date** ___/___/___ **Grade** ___

Athletic Eligibility

Please answer the following questions accurately. False information may result in athletic ineligibility for up to one year.

- Yes ___ No ___ The above student is under 20 years of age.
- Yes ___ No ___ The above student resides within the boundaries of the Steilacoom School District.
- Yes ___ No ___ The above student resides with their legal guardian.
- Yes ___ No ___ The above student was in attendance at school for at least 15 weeks of the last semester.
- Yes ___ No ___ The above student passed at least 6 full credit classes the last semester.
- Yes ___ No ___ The above student is presently enrolled in the Steilacoom School District in a minimum of 6 full credit classes.
 - Yes ___ No ___ The above student is enrolled in running start.
 - Yes ___ No ___ The above student is a registered home school student.

School Attended last year _____
From ____/____/____ to ____/____/____

Student Signature _____ Parent Signature _____
Date ____/____/____ Date ____/____/____

Insurance

I understand that it is strongly recommended that my son/daughter be covered by medical and dental insurance while participating in school sponsored athletics. I acknowledge, in case of injury to my son/daughter, the cost of treatment is my responsibility.

(Initial one below)

_____ I have adequate insurance coverage with (medical) _____
(Dental) _____

_____ I do not have adequate insurance coverage and want to enroll my son/daughter in the School Athletic Insurance Program offered through the school district. I understand it is my responsibility to obtain the necessary forms from the school office.

I accept full responsibility for the cost of treatment for any injury my son/daughter may suffer while participating in the school's interscholastic athletic programs.

Parent Signature _____ Date ____/____/____

Parent Consent/Assumption of Risk

Participation in athletics in the Steilacoom School District is a voluntary, extra-curricular activity. Participation in athletic activities can result in injury of some type. The severity of such injury can range from minor cuts, scrapes and muscle strains or broken bones to catastrophic injury such as paralysis or death. No amount of reasonable supervision or training can completely eliminate the risk of possible injury.

In consideration of the above warning and assumption of risk. I give permission for my daughter/son (name) _____ to participate in the athletic programs in the Steilacoom School District and engage in all activities related to their participation.

Parent Signature _____ Date ____/____/____

Physical Exam

I have read and accepted the recommendations by the examining physician and to the best of my knowledge, my daughter/son has had no serious injury/illness since their last physicians examination.

Date of last physical exam ____/____/____

Athletic Code

I have received and read a copy of the Steilacoom School District Athletic Code and agree to uphold the rules and regulations covered within.

Parent Signature _____ Date ____/____/____

Student Signature _____ Date ____/____/____

Please circle the sport/activity your student intends to participate in this school year:

- Football Cheer Cross Country Soccer Tennis Volleyball Golf Step Team
- Swim/Dive Basketball Track and Field Baseball Fastpitch Wrestling

Physical Examination

Age: ____ Pulse: ____ Urinalysis: ____ Body Fat %: ____ HCT: ____

Height: ____ Blood Pressure: ____ Weight: ____

Visual Acuity: Left 20/____ Right 20/____

Minimum weight for wrestling (required)
 Doctor: Circle and initial appropriate weight

High School: 101 108 115 122 129 135 141 148 158 168 178 189 Unlimited

	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
1. Head	_____	_____	_____
2. Eyes	_____	_____	_____
3. Teeth	_____	_____	_____
4. Chest	_____	_____	_____
5. Lungs	_____	_____	_____
6. Heart	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia	_____	_____	_____
9. Neurological	_____	_____	_____
10. Skin	_____	_____	_____
11. Physical Maturity	_____	_____	_____
12. Spine/Back	_____	_____	_____
13. Shoulders	_____	_____	_____
14. Upper Extremities	_____	_____	_____
15. Lower Extremities	_____	_____	_____

Assessment:

____ Full Participation
 ____ Limited Participation (Describe limitations, restrictions)

____ Participation contraindicated (list reasons):

Recommended equipment, taping rehabilitation, etc:

Physicians Name (print) _____
 Physicians Signature _____
 Physicians # _____ - _____ - _____
 Date ____/____/____

Steilacoom Secondary Schools

Athletic Eligibility Code

A. General Information

a. Credibility:

- i. The athletic director and principal shall base all disciplinary actions on factual knowledge, not hearsay or rumor as determined.

b. Regular Attendance:

- i. Turnouts: Participants must be present at least one-half (by 11:00 am) of the school day to be eligible to turn out. Any exceptions must be cleared with the head coach.

c. Game/Contests:

- i. Participants must be present the full school day on the day of a contest to be eligible to participate. **Exceptions:** the Athletic Director or the building Principal must clear all exceptions.

d. Athletic Eligibility Code:

- i. Standards of athletic league and WIAA will be the standard used to determine eligibility with the exception of grades.
- ii. The primary responsibility in maintaining and checking on eligibility rests with the student.
- iii. To be eligible a student must have received a minimum of 2.0 in the most recent grading period and have passed five of eight academic classes.
- iv. A student determined to be academically ineligible when grades are available at the end of a grading period or in the fall at progress report time will be placed on probation until the next grading period. The student will be initially allowed up to three weeks in which to provide proof of having achieved a 2.0 GPA and passing five classes. Until this proof is provided; the student athlete is ineligible to participate in any contests. Participation in practices is to be determined by the individual coach. If at the end of three weeks the student has not provided this proof, they are ineligible for contests and practices until the next grading period. The probationary athlete will be expected to complete two to three additional grade checks as requested by the coach and or athletic director at the notice of probationary status. If any time during the probationary period the GPA falls below a 2.0 the athlete will be ineligible until the next grading period.
- v. A student who has been designated a special education student (SPED) through the normal district procedures will not be governed by the minimum 2.0 GPA requirements. The eligibility of SPED students shall be determined by a different set of standards that reflect the student athlete's achievement as determined by the Individual Education Program (IEP). The procedure and standards used shall be determined by the building principal.

e. Summer School:

- i. In order to regain athletic eligibility for fall sports, students who earned grades below the minimum 2.0 GPA level during the regular semester may register for summer classes to correct deficiencies. The higher grade will be computed for eligibility purposes. All summer school classes must be officially approved by the secondary counselor on or before June 20th and completed on the day of contests.

f. In-School Suspensions:

- i. Students assigned to in-school suspension will not be permitted to participate at turnouts or compete on the day of contests.

g. Use of Illegal Substance:

- i. **1st violation:** A student athlete who seeks and receives help for a program with use of legend drugs (RCW 69.41.010 identified substances) shall be given the opportunity for assistance through the school and or community agencies. In no instance shall participation in a school and or community approved assistance program excuse a student athlete from subsequent compliance with this regulation. Compliance by the athlete to the commendations and time line of the assessment may allow her/him to participate in the athletic program, pending recommendation by the school eligibility authority.
- ii. **2nd violation:** A student athlete who again violates any provision of RCW 69.41.050 shall be ineligible and prohibited from participating in any WIAA member school interscholastic sports program for a period of one calendar year from the date of the second violation.
- iii. **3rd violation:** A student athlete who violates for a third time RCW 69.41.050 shall be permanently prohibited from participation in any WIAA member school athletic program.
- iv. **All first offenses for alcohol and or tobacco violations** will result in parent notification and a three-week suspension from the sport. The athlete will be prohibited from participating in contests. The three-week suspension period may be reduced to a two-week suspension if the athlete completes a chemical dependency evaluation and follows the recommendations of the program counselor who directs the student assessment. The coach will determine practice privileges. A second offense will result in suspension from all sports for the remainder of the school year.
- v. Assessing and counseling agencies are available upon request.

h. WIAA League Policies:

- i. Participants shall obey all WIAA and league policies, rules and regulations. (Refer to league and WIAA handbook)

i. Grievance Process:

- i. All sports suspension grievances may be initiated through the Athletic Director.

**Steilacoom High School
Student Emergency Information**

Date ____/____/____

Student's Name _____ **Birth date** ____/____/____ **Age** ____

Address _____

Parents/Guardians Name _____ / _____

Home # ____ - ____ - ____ **Work #** ____ - ____ - ____ / ____ - ____ - ____

Cell # ____ - ____ - ____ / ____ - ____ - ____

Emergency Contact (if parent/guardian is not available)

Name _____

Home # ____ - ____ - ____

Work # ____ - ____ - ____

Cell # ____ - ____ - ____

Doctor _____ **Phone #** ____ - ____ - ____

Preferred Hospital _____

Allergies _____

I give permission for the team physician, Trainer or Coach to apply First Aid Treatment until a doctor can be contacted: **Yes** ____ **No** ____.

Parent/Guardian Signature _____

We (parents/guardians) give consent for coaches, trainers and team physicians to use their own judgment in securing medical and ambulance service in case the parent/guardian cannot be reached.

Parent/Guardian Signature _____

Your daughter/son is a member of a team, which plans to use school transportation. The school assumes no liability beyond that of reasonable caution and care in conduction trips. I give my son/daughter permission to make these trips during the current school year.

Parent/Guardian Signature _____