

# 2020/2021 SCHOOL YEAR

## FSD ATHLETIC CLEARANCE PACKET

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### Handbook and Concussion signature sheet

Name of student athlete \_\_\_\_\_ Date \_\_\_\_\_

Sport(s) wanting to play \_\_\_\_\_

Dear Parent:

To promote a mutual understanding between the home and the Athletic Department we are asking you to read the Handbook for Student Athletes with your son or daughter.

REMEMBER...A STUDENT ATHLETE IS NOT ELIGIBLE TO PARTICIPATE IN ANY SPORT UNTIL THE FOLLOWING FORMS ARE PROPERLY COMPLETED AND ON FILE IN THE ACTIVITIES OFFICE.

1. Signature of Parent and Athlete Signifying They Have Read and Accepted the Handbook Regulations and Concussion information sheet
2. Medical Emergency Authorization Form
3. Medical Insurance/Parent-signed Waiver
4. Student-Parent/Guardians & Assumption of Risk Form
5. Physical Examination and Physician's Signature
6. A.S.B. Card for the current year

I have read and understand the Handbook for Student Athletes.

Parent/Guardian Signature \_\_\_\_\_ Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Concussion Awareness:**

The concussion information sheet can be found on our district website under forms/athletics

I have read and understand the information sheet and concussion guidelines. Concussions 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. If my child reports any symptoms of concussion, or if I notice the symptoms or signs of concussion, I will seek medical attention right away.

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RIVER VIEW HIGH SCHOOL  
FINLEY MIDDLE SCHOOL  
HS 582-2158  
MS 586-7561**

**MEDICAL EMERGENCY AUTHORIZATION FORM**

TO BE COMPLETED BY PARENT/GAURDIAN AND RETURNED TO SCHOOL ATHLETICS OFFICE

Name of Student Athlete \_\_\_\_\_ Grade \_\_\_\_\_

As Parent or Legal Guardian, I authorize the team physician or, in his 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, he deems 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.

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent or Guardian)

Fathers Phone \_\_\_\_\_ Mothers Phone \_\_\_\_\_

Emergency Contact Person

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship of contact person \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Family Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
(if no insurance, write NONE)

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My child has a disability resulting from an accident or serious illness which the school officials should know about as follows: (If no disability state (NONE))

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## MEDICAL INSURANCE / ACCIDENT PLAN COVERAGE / WAIVER

Name of student athlete \_\_\_\_\_ Date \_\_\_\_\_

In after-school athletics and activities, it is recommended that all children be covered by family medical insurance or school accident coverage with the following minimum provisions:

1. Minimum death benefit of \$600
  2. A maximum for any one injury of at least \$500
  3. Coverage equivalent to the Washington State Industrial Insurance Schedule for doctors' services or hospitalization with a 30-day minimum for the latter
  4. X-rays to a minimum of at least \$10
  5. Dental coverage equivalent to the Washington State Industrial Insurance Fee Schedule to at least \$100
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- 1) I have family insurance coverage the equivalent to or better than the above requirement of the Washington Interscholastic Activities Association, and will continue to keep it in force throughout the sports season.  
Name of Insurance \_\_\_\_\_ policy # \_\_\_\_\_  
Parent/Guardian signature \_\_\_\_\_
  - 2) I do not have family medical insurance and wish to purchase school accident coverage.  
Name of Insurance \_\_\_\_\_ policy # \_\_\_\_\_  
Parent/Guardian signature \_\_\_\_\_
  - 3) I do not have family medical insurance and choose not to purchase school accident coverage. I accept full responsibility for the cost of treatment for any injury that my student may suffer while taking part in the program. Please waive this recommendation and permit him/her to take part in athletics and sports days.  
Parent/Guardian Signature \_\_\_\_\_

FINLEY SCHOOL DISTRICT #53

STUDENT-PARENT/GUARDIAN WARNING & ASSUMPTION OF RISK

It is the school district intent to provide any athlete with good instruction, safe equipment, and safe transportation; but we cannot eliminate all risks involved in sports participation. ACCIDENTAL INJURY, COMPLETELY UNRELATED TO ANY PREVENTABLE CAUSE, IS ALWAYS POSSIBLE.

The ASSUMPTION OF RISK form is designed to provide this school district with a degree of protection. It is not designed to deny the rights of an injured athlete. Participation in WIAA sponsored interscholastic activities are all voluntary and extracurricular. As a condition to participation in these activities, you and your parents(s) /guardian(s) must understand THE RISKS involved in these kinds of activities.

“WARNING”

Participation in any athletic activity may involve injury of some type to either yourself or a fellow student athlete. Such injury can include direct physical and possibly crippling injury to one’s body and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor to catastrophic injury such as complete paralysis or even one’s future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Activity injuries can result from the incorrect or correct performance of playing techniques used in tryouts, practices, warm-ups, games, drills, exercises and other similar undertakings. Injury can also result from failing to follow game training, safety or other team rules. Injury can result from the use of transportation provided or arranged by the school district to and from interscholastic activity.

Therefore, the purpose of the WARNING is to aid you in making an informed decision as to whether you/your child or ward should participate in these activities. In addition, it’s purpose is to make you aware that as a student participant, or as a parent or guardian of a student participant, it is your responsibility to learn about and/or inquire of coaches, physician, advisor or other knowledgeable persons about any concerns that you might have at any time regarding participant’s persons about any concerns that you might have at any time regarding participant’s safety.

In consideration of the Finley School District’s permitting \_\_\_\_\_ to participate in interscholastic activities and to engage in all areas of these activities and to engage in all areas of these activities. I, the participant, and we, the parent(s)/guardian(s), hereby agree to ASSUME THE RISKS OF INJURY OR DEATH associated with the School District’s Interscholastic Program as outlined in the WARNING above.

By signed this document, we acknowledge that we have read and understand its contents and warning related to the above stated risks and give our permission for \_\_\_\_\_ to participate in interscholastic activities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature