



CHIEF KANIM MIDDLE SCHOOL "Home of the Hawks" Extra-Curricular & Athletics Participation Form

Date Rcvd _____

Computer Entry _____

STUDENT'S LAST NAME _____ FIRST _____ MI _____

Student's Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

GRADE: 6 7 8 Birth Date _____ Age _____ Purchased ASB Card _____

Medical conditions the coach should be aware of : _____

INHALER

EPI PEN

DIABETIC

DAILY MEDICATIONS

ATHLETICS

CLUBS

SEASON 1	SEASON 2	SEASON 3	SEASON 4		
SEPT-NOV	NOV-JAN	JAN-MAR	APR-JUNE	___ Golf Club	___ Ski Club
___ Cross Country	___ Girls' Basketball	___ Boys' Basketball	___ Track	___ Math Club	___ Adventure Club
___ Football	___ Wrestling	___ Girls' Soccer	___ Musical/Drama	___ Art Club	___ Knowledge Bowl
___ Volleyball				___ Key Club	

This application to compete in interscholastic athletics in the Snoqualmie Valley School District is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association and/or CKMS school rules. (see code of conduct sheet)

Student Signature _____ Date _____

TO BE COMPLETED BY PARENT OR GUARDIAN (please see Concussion Statement on reverse— initials required)

I hereby give consent for my son/daughter to participate in interscholastic athletics directed by the Snoqualmie Valley School District, including accompanying the team on out-of-town trips. This permission shall be in effect for the current school year. I release the SVSD & its personnel from liability for any accident or injury occurring during an activity or transportation for the current school year. Participation in a sport that involves the movement of the human body carries with it the possibility of injury that could lead to death or permanent disability. Though this is extremely rare in middle school athletics, the possibility always exists. I am aware there is a risk of serious injury involved in participation in athletics in the Snoqualmie Valley School District. My signature indicates that I have read and will follow the CKMS Extra-Curricular Code, the Coach/Advisor's expectations, and the Foothills/Seamount League/WIAA Extra-Curricular Standards. My signature also indicates my acceptance of the physical risks involved with athletic activities.

I release the Snoqualmie Valley School District and its personnel from liability for any accident or injury my child may sustain during any activity or transportation connected with any activity for which I have provided written permission for my child to participate.

In case of injury to my son/daughter, the cost of treatment is my responsibility and NOT the responsibility of the Snoqualmie Valley School District. I further understand that my son/daughter MUST be covered by medical insurance while participating in school sponsored athletics/activities.

Parent/Guardian Signature _____ Date _____

INSURANCE REQUIREMENTS: The SVSD requires any student participating in school activities to provide proof of insurance coverage. This district offers students "school insurance" through a third party—application forms are available in every school office. It is recommended that those who use their own plans check them thoroughly to make sure athletics or other activities are not excluded.

I DO have adequate insurance coverage: Medical _____ Group # _____
Dental _____ Group # _____

I wish to enroll my son/daughter in the school insurance program offered through a third party.

TO BE COMPLETED BY PHYSICIAN

WIAA Handbook 18.13.0

Physical Examination—Prior to the first practice for participation in interscholastic athletics a student shall undergo a thorough medical examination and be approved for middle level and/or high school interscholastic athletic competition by a medical authority licensed to perform a physical examination.

Physical exams will be good for 24 months from date indicated by Physician.

I have examined _____ on _____.
Student's Name Date

and find him/her physically fit and able to compete in interscholastic activities provided by Snoqualmie Valley School District with no limitations, or with limitations as follow:

PHYSICIAN'S RECOMMENDATIONS FOR WRESTLING

I recommend that the student designated above should not be allowed to wrestle any weight less than the indicated classification circled:

Table with 13 columns representing weight classifications: 54-78, 70-85, 90, 95, 100, 110, 115, 120, 125, 130, 137, 145, 154, 164, 175, 250.

PHYSICIAN'S SIGNATURE: _____ DATE _____

PHYSICIAN'S NAME : (PLEASE PRINT) _____

ADDRESS: _____

CITY, STATE & ZIP _____ PHONE # (_____) _____

CONCUSSIONS

Parents, we know you care about your child's health, and that is why it is so important that you talk to them about the potential risks of the sport they are involved in, particularly concussions. Concussions are sometimes called mild traumatic brain injuries (MTBI). Concussions can occur in any sport, and can occur without loss of consciousness. They are caused by a bump, blow, or jolt to the head, and sometimes people do not recognize that they can cause a concussion. As a result, athletes may receive no medical care at the time of the injury, but they may report symptoms later. Know and watch for any signs and symptoms of a concussion if your child has any blow to the head. Discourage your child from playing when experiencing any signs or symptoms of a concussion. Alert your child's coach to any known or suspected concussion. This can help prevent second impact syndrome, which reportedly can happen when an athlete has more than one concussion over a short period of time. Every concussion should be taken seriously.

Has your child sustain a head injury within the last calendar year? No [] Yes []
If yes, explain in detail including the type of medical assistance needed & when cleared to continue physical participation.
Parent/Guardian Initials