

LAKEWOOD MIDDLE SCHOOL  
ATHLETIC REGISTRATION  
2009 – 2010



In order to try-out for any extra-curricular sport at Lakewood Middle School, student athletes must turn the following into the athletic director on or before the first day of practice.

- Completed physical form
- Completed and Signed Athletic Registration form
- Completed emergency card
- Signed sport specific safety form
- All fines from previous year paid in full to the office

**Athletes may not practice until all forms are completed and turned in.**

In addition, an ASB Card/Athletic Fees must be paid for prior to the first game.

Coaches will discuss the extra-curricular code during the first week of turnout with all athletes.

If you have any questions, please contact Rob Dahl, LMS Assistant Principal/Athletic Director, at 652-4510 extension 3016.

## Lakewood Middle School Athletic Registration

Student Name: \_\_\_\_\_  
(Last) (First) (M) (Grade)

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**PERMISSION FOR ATHLETIC PARTICIPATION** ~ I hereby request that my son/daughter be permitted to participate in the following Lakewood Athletics. Please check sports the athlete plans on participating in this school year.

\_\_\_\_ Cross Country \_\_\_\_ Soccer \_\_\_\_ Volleyball

\_\_\_\_ Boys Basketball \_\_\_\_ Girls Basketball \_\_\_\_ Wrestling \_\_\_\_ Track

**PHYSICAL EXAM** - Please attach a copy of current physical.

**EMERGENCY CARD** - Please fill out and attach emergency contact information.

**SPORT SAFETY FORM** - Please attach a copy of the sport specific safety form.

### LAKWOOD SCHOOL DISTRICT EXTRA-CURRICULAR ACTIVITIES CODE.

I, the undersigned, have read the on-line copy of the Extra-Curricular Activity Code as well as any additional rules and regulations of an individual extra-curricular activity. I realize that participation in extra-curricular activities is voluntary.

**WARNING AND AGREEMENT TO OBEY INSTRUCTIONS** ~ I am aware that playing or practicing to play in any sport can be a dangerous activity involving MANY RISKS OF INJURY which, in some cases, may be serious in nature. I understand that the dangers and risks of playing or practicing in interscholastic sport(s) include, but are not limited to, death, serious neck and spinal injuries, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well being.

Because of the dangers of participating in the interscholastic sport(s), I recognize the importance of following coaches' instructions. I further understand that by following the instructions provided by the district, the risk of injury described above may be reduced; but that due to the nature of the sport I have selected, there is still risk of injury regardless of the precautions taken or procedures followed.

**INSURANCE** ~ I understand that my son/daughter cannot participate in interscholastic athletics unless he/she is covered by a student insurance coverage plan or a plan provided by the family.

**Check one** \_\_\_\_ I have medical insurance coverage with \_\_\_\_\_ which covers middle school athletics.  
(company name)  
\_\_\_\_ I will purchase secondary school insurance.

**STUDENT** ~ I have read, understand and agree to abide by the information provided on this form.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN** ~ I have read the Lakewood School District's Warning and Agreement to Obey Instructions and understand its terms. I request the Lakewood School District permit my child to try out for his/her school's athletic team(s) and to engage in all activities related to the team in the sport(s) indicated on this form.

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

# PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

This form is not required as long as the conditions of 18.13.0 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):

---

---

---

---

THIS PHYSICAL IS GOOD FOR – 13 MONTHS \_\_\_\_\_

24 MONTHS \_\_\_\_\_

Doctor Signature

Doctor Signature

# PHYSICAL EXAMINATION

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

Exam Date: \_\_\_\_\_

Age: \_\_\_\_\_ Pulse: \_\_\_\_\_

Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Weight: \_\_\_\_\_ Visual Acuity: Left 20/\_\_\_\_\_  
Right 20/ \_\_\_\_\_

Optional

Urinalysis:

Body Fat %

HCT:

EST VO2 Max:

Audiometry:

Normal

Abnormal

- |                          |     |                              |                          |
|--------------------------|-----|------------------------------|--------------------------|
| <input type="checkbox"/> | 1.  | Head                         | <input type="checkbox"/> |
| <input type="checkbox"/> | 2.  | Eyes (pupils), ENT           | <input type="checkbox"/> |
| <input type="checkbox"/> | 3.  | Teeth                        | <input type="checkbox"/> |
| <input type="checkbox"/> | 4.  | Chest                        | <input type="checkbox"/> |
| <input type="checkbox"/> | 5.  | Lungs                        | <input type="checkbox"/> |
| <input type="checkbox"/> | 6.  | Heart                        | <input type="checkbox"/> |
| <input type="checkbox"/> | 7.  | Abdomen                      | <input type="checkbox"/> |
| <input type="checkbox"/> | 8.  | Genitalia                    | <input type="checkbox"/> |
| <input type="checkbox"/> | 9.  | Neurologic                   | <input type="checkbox"/> |
| <input type="checkbox"/> | 10. | Skin                         | <input type="checkbox"/> |
| <input type="checkbox"/> | 11. | Physical Maturity            | <input type="checkbox"/> |
| <input type="checkbox"/> | 12. | Spine, Back                  | <input type="checkbox"/> |
| <input type="checkbox"/> | 13. | Shoulders, Upper extremities | <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: \_\_\_\_\_

EXAMINER'S PHONE: ( ) \_\_\_\_\_ PRINT EXAMINER'S NAME: \_\_\_\_\_

PHYSICAL IS GOOD FOR 13 MONTHS \_\_\_\_\_ 24 MONTHS \_\_\_\_\_

# Lakewood Middle School

## Extra-Curricular Information And Signature Page

Participant: \_\_\_\_\_

Your son or daughter has expressed an interest to participate in a Lakewood Middle School extracurricular activity. The following information concerning such participation is vital for a successful experience. Please read the following information carefully. If you have any questions, please contact your child's coach or Rob Dahl, LMS athletic director. Before your child will be allowed to practice or check out uniforms and/or equipment, you are required to read, complete, sign, and return this document to the appropriate head coach. Each coach may have additional expectations they expect your child to follow. If so, these expectations will be delivered in writing.

1. Washington Interscholastic Activities Association rules must be followed in all cases of eligibility, transfer, physical examinations, insurance coverage, starting dates, and use of school equipment.
2. Transportation
  - a.) The Lakewood School District will provide transportation for participants both to and from the location of contests during the normal school day.
  - b.) Students may ride home from an event with parents/guardians if permission is granted by the coach and note of release from the parent is received. Students may not ride home with another parent regardless if consent is given from the student's parents/guardians.
3. All participants are expected to conform to the rules of scholastic eligibility, participation, and training as prescribed by the Washington Interscholastic Activities Association, the Lakewood School District, and the LMS coaching staff and athletic director.
4. Uniforms and Equipment: School owned equipment and uniforms checked out by a participant in any extra-curricular activity is the responsibility of the participant. The loss, misuse, or damage of equipment or uniforms will be the financial obligation of the participant. Participants will not be eligible to participate in further activities until previous financial obligations are fulfilled.
5. Attendance: A participant must be in school the entire day in order to participate in practice and/or competitions. A student missing any part of the day during a competition day may not travel with the team. An exception would be if a participant had an approved medical appointment that prevented attendance in which case the participant must present to the attendance supervisor a signed statement from the doctor or parent/guardian regarding the absence. Extenuating circumstances must be approved by an administrator or athletic director.
6. An extra-curricular season shall be that portion of a school and/or calendar year during which the regularly scheduled practices, turn-outs, rehearsals, games, events, contests, or awards banquet for the specific activity are conducted under the direct supervision of an approved Lakewood School District employee.
7. An athlete that has been injured and has had medical treatment under the supervision of a physician cannot participate until a signed release from the doctor is presented to the head coach. The release form will be kept on file by the school administrator or coach.

### Code of Conduct

- a.) It is the policy of all activity departments at Lakewood Middle School to prevent and prohibit the possession, use, sale, distribution, and/or intent to distribute any illegal or controlled mood-altering chemical, medication, look-a-like drugs or abused chemical, including tobacco and alcohol, by any student involved in any activity sponsored by LMS.

Consequently, should any member of the school's administration, faculty, or coaching staff witness or have evidence of a student's use, being in possession of, or under the influence of the previously mentioned substances, that student will be dealt with in accordance with the Lakewood School District activities discipline procedures.

- b.) Hazing: Abusive or humiliation tricks or ridicule. Any activity that is determined to be of a hazing nature will not be tolerated. And hazing occurring during practices, games, or to and/or from a competition will be dealt with according to the Lakewood School District discipline policies.

- c.) Other Undesirable Student Behavior: Undesirable student behavior not covered in the above, including, but not limited to requiring administration action as established in the Lakewood Middle School Handbook, theft or malicious destruction of school related or individual's property will result in suspension for one event for the first offense and suspension from the team/activity for remainder of the season for second offenses.
  - d.) Misconduct: Any behavior that does not represent LMS in a positive manner. Misconduct will be addressed by the individual coaches and/or athletic director. The penalty imposed will range from the additional running to dismissal from the team depending on the nature and severity of the infraction.
8. Academic Eligibility: All LMS students participating in extra-curricular activities are required to maintain a minimum 2.0 GPA. Grade checks will be initiated the third week of fall quarter and every two weeks after that. Students not meeting the minimum standards after the one grade check, are then required to attend study hall three out of four days per week to be able to play in contest. Students carrying two or more F's will be deemed ineligible to participate in contest until they reduce their F's to one. They are still required to attend study hall anytime they are carrying an F and will sign a study hall contract. Any student carrying a failing grade for more than four weeks will be removed from the team.
9. Practice and Game Specific Rules and Regulations.
- a.) Suspension from school means that the participant cannot practice nor play in games or activities while under suspension. This includes in-school suspension.
  - b.) A missed practice is unexcused when a coach is not notified prior to practice in writing with parental permission that the participant will be absent and is considered an unexcused absence.
10. Tardiness
- a.) At coaches discretion, consequences for tardiness may result in disciplinary action up to and including revoking playing privileges.
11. Discipline Grievance Process
- a.) The guiding principles for violations are as follows:
    - i. Penalize the violations.
    - ii. Degree of violation should not be an overriding concern.
    - iii. Proof of violation must be established by any of the following:
  - b.) Positive identification of a student violation by a school employee who is willing to give testimony about the violation. This will require an investigation.
  - c.) Accusations made by parents/adults who are willing to testify against an alleged student violation of the code. This must be confirmed through an investigation by appropriate school authorities prior to disciplinary action.
  - d.) An investigation of a student violation of the code must reveal sufficient evidence to support the allegation. Such investigation must be conducted by the appropriate school administrator or designee.

Before any discipline resulting in suspension from the extra-curricular activity program shall take effect, as provided for under these regulations, the student shall be verbally advised by the head coach and/or athletic director or school administrator of the alleged violation of the rules and given the opportunity to explain or justify his or her actions. If, after such informal conference with the student, the head coach and/or athletic director and administrator is satisfied that the suspension is justified, the student shall be so notified and the suspension shall then become effective.

The grievance procedure for any suspension from an extra-curricular activity program within the Lakewood School District Policy is set forth in WAC 180-40-240. This section reads as follows:

- a.) Any student, parent or guardian who is aggrieved by the suspension or termination or extra-curricular privileges under these rules shall have the right to an informal conference with the extra-curricular appeals committee and shall be entitled to question school personnel involved in the matter being grieved. Composition of the committee shall include the principal, assistant principal, 2 coaches, and a staff member.
- b.) If the grievance is not resolved in the informal conference, the student, parent or guardian, upon two school business days prior notice, shall have the right to present a written and/or oral grievance to the superintendent of the district or his or her designee.
- c.) If grievance is not resolved at the superintendent's level, the student, parent, or guardian upon two school business days prior notice, shall have the right to present a written and/or oral grievance to the board of directors next regular scheduled meeting during Executive Session. The board shall notify the student, parent, or guardian of its response to the grievance within ten school business days after the date of the meeting.

Please read, sign the form below, and cut and return the portion at the bottom of this page to your coach.

**Verification of Understanding**

To be eligible for participation in any game, contest, or event, a signed verification by the participant and parent indicating they have received and read a copy of the Extra-Curricular Code as well as specific rules and regulations of an individual extra-curricular activity must be submitted annually by the parent or guardian as well as the participant and kept on file in the school office.

We, the undersigned, have received and read a copy of the Lakewood School District Extra-Curricular Code as well as any additional rules and regulations of an individual extra-curricular activity. I realize that participation in an extra-curricular activity is voluntary.

I give permission for my son/daughter to participate in the following activities. Please **circle and initial** activities the student plans on participating in this school year.

\_\_\_\_ Football          \_\_\_\_ Volleyball          \_\_\_\_ Chess          \_\_\_\_ Soccer  
\_\_\_\_ Basketball          \_\_\_\_ Wrestling          \_\_\_\_ Track          \_\_\_\_ Cross Country

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

## Lakewood Athletic Emergency Contact Information

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
(Please Print) Month/Date/Year

Medical History \_\_\_\_\_  
(broken bones/concussions, etc.)

Father's Name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

(If student is not living with parents, fill in the information line below)

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

Alternate Person to be notified \_\_\_\_\_ Phone \_\_\_\_\_

Physician of first choice \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

If the parents and/or authorized physician named above cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, do you authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible and for such doctor to render such observation and treatment as is immediately necessary?

Yes \_\_\_\_\_ No \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**Lakewood School District**  
**VOLLEYBALL SAFETY GUIDELINES**

**(Prior to participation, both the student and parent must read carefully and sign)**

When a person is involved in any athletic activity, an injury can occur. One should be aware the information presented in these safety guidelines is to inform the athlete of proper techniques and inherent dangers involved with volleyball. There is a chance of broken bones, muscle and soft tissue and back injuries, which could lead to some form of paralysis. Not all potential injury possibilities in this sport are listed, but athletes should be aware that fundamentals, coaching and proper safety equipment are important to the safety and enjoyment of the sport.

1. Proper warm-up is essential before strenuous activity takes place. Be aware of the potentially serious injuries if you do not follow correct procedures in stretching, and conditioning.
2. Wear kneepads and all protective equipment as directed by the coach.
3. If you wear eyeglasses, contact the coach for proper fitting of safety lenses, appropriate frames that are compatible with volleyball. If you have a bi or tri-focal lens, contact your doctor to provide the best len(s) combination for playing in a game requiring quick reaction to an object (ball) traveling at a very rapid speed.
4. Perform only those skills and techniques as instructed and/or supervised by your coach.
5. Be sure all equipment, especially shoes, is fitting properly before each day's activity.
6. Travel to and from off-campus facilities and practice/competition sites must be in accordance with school procedures.
7. Remove all jewelry and metal hair fasteners and other body adornments as required by rules and regulations for volleyball.
8. Be aware of your surroundings both home and away including but not limited to surface conditions, obstructions in the proximity to the volleyball court including nets, cables, supports official's stands, out-of-play areas and safe entrance/egress to/from the court.
9. Wear outer and under garments appropriate for humidity and temperature.
10. In order to help protect the safety of all squad members, squad members with physically limiting injuries and/or health conditions must inform the coach prior to each day's activity of limiting conditions and participate only to the extent allowed by the coach.
10. Players should hydrate themselves frequently during practice and meets and follow the coaches' direction on hydration prior to and following practices and meets.
11. Notify the coach immediately if injured.
12. Practice only when your coach is present.
13. Collect all loose volleyballs and return them to the proper container or location so they do not create a trip and fall hazard.
14. Jumping vertically helps avoid collisions with opponents, teammates and nets.
15. Spike the ball with the correct techniques taught by your coach.

\*\*\*\*\*

The above information has been explained to me and I understand the list of rules, safety regulations/warnings and procedures. I also understand the necessity of using the proper techniques while participating in the volleyball program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

**Lakewood School District**  
**SOCCER SAFETY GUIDELINES**

**(Prior to participation, both the student and parent must read carefully and sign)**

When a person is involved in any athletic activity, an injury can occur especially in a contact sport. One should be aware the information presented in these safety guidelines is to inform the athlete of proper techniques and inherent dangers involved with soccer. There is a chance of broken bones, muscle and soft tissue and back injuries, which could lead to some form of paralysis. Not all potential injury possibilities in this sport are listed, but athletes should be aware that fundamentals, coaching and proper safety equipment are important to the safety and enjoyment of the sport.

11. Proper warm-up is essential before strenuous activity takes place. Be aware of the potentially serious injuries if you do not follow correct procedures in stretching, and conditioning.
12. If you wear eyeglasses, contact the coach for proper fitting of safety lenses, appropriate frames that are compatible with golfing. If you have a bi or tri-focal lens, contact your doctor to provide the best len(s) combination for playing on large surfaces.
13. Perform only those skills and techniques as instructed and/or supervised by your coach.
14. Be sure all equipment, especially shoes, is fitting properly before each day's activity.
15. Travel to and from off-campus facilities and practice/competition sites must be in accordance with school procedures.
16. Remove all jewelry and metal hair fasteners and other body adornments as required by rules and regulations for soccer.
17. Be aware of your surroundings both home and away including but not limited to surface conditions, obstructions in the proximity to the soccer field and safe entrance/egress to/from the field.
18. Wear outer and under garments appropriate for humidity and temperature.
19. In order to help protect the safety of all squad members, squad members with physically limiting injuries and/or health conditions must inform the coach prior to each day's activity of limiting conditions and participate only to the extent allowed by the coach.
10. Players should hydrate themselves frequently during practice and meets and follow the coach's direction on hydration prior to and following practices and meets.
16. Notify the coach immediately if injured.
17. Practice only when your coach is present.
18. Comply with current soccer rules with special attention to avoid such violations as:
  - a. Kicking or attempting to kick an opponent
  - b. Tripping an opponent
  - c. Jumping at an opponent
  - d. Charging an opponent from behind
  - e. Charging violently at an opponent
  - f. Striking or attempting to strike an opponent
  - g. Holding an opponent
  - h. Pushing an opponent
  - i. Playing in a manner considered by the referee to be dangerous.

\*\*\*\*\*

The above information has been explained to me and I understand the list of rules, safety regulations/warnings and procedures. I also understand the necessity of using the proper techniques while participating in the soccer program

\_\_\_\_\_  
Date Athlete's Signature

\_\_\_\_\_  
Date Signature of Parent/Legal Guardian

**Lakewood School District**  
**BASKETBALL SAFETY GUIDELINES**

(Prior to participation, both the student and parent must read carefully and sign)

When a person is involved in any athletic activity, an injury can occur, especially in a contact sport. Basketball is a highly competitive, fast-action game that places great physical demands on the players. One should be aware the information presented in these safety guidelines is to inform the athlete of proper techniques and inherent dangers involved with this particular activity. There is a chance of broken bones, severe concussions, and back injuries, which could lead to some form of paralysis. Not all potential injury possibilities in this sport are listed, but athletes should be aware that fundamentals, coaching and proper-fitting equipment are important to the safety and enjoyment of the sport.

20. Proper warm-up is essential before strenuous activity takes place.
21. Clothing and shoes should fit properly, be comfortable and allow maximum physical effort and allow dissipation of heat.
22. Perform only those skills and techniques as instructed and/or supervised by your coach.
23. Travel to and from off-campus facilities and practice/competition sites must be in accordance with school procedures.
24. Be aware of throwing basketball from other parts of the gym.
25. Be aware of your surroundings both home and away including but not limited to proximity of bleachers and courtside obstructions such as basket supports, lighting, access to and from courts, and court surfacing.
26. Be especially aware of the danger of illegal actions such as undercutting another player or grasping/hanging on the rim.
27. Players whose vision requires correction must wear shatterproof glasses or lenses. Glasses must be mounted in break resistant frames and must be held in place by an elastic strap.
28. Remove all jewelry and metal hair fasteners and other body adornments as required by rules and regulations for basketball.
29. Make sure you drink adequate water to prevent dehydration; ask you coach for consumption guidelines based on the day's activity.
30. Notify the coach immediately if injured.

\*\*\*\*\*

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 basketball program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

**Lakewood School District**  
**WRESTLING SAFETY GUIDELINES**

**(Prior to participation, both the student and parent must read carefully and sign)**

When a person is involved in any athletic activity, an injury can occur especially with a sport as strenuous as wrestling. One should be aware the information presented in these safety guidelines is to inform the athlete of proper techniques and inherent dangers involved with wrestling. There is a chance of broken bones, muscle and soft tissue and back injuries, which could lead to some form of paralysis. Not all potential injury possibilities in this sport are listed, but athletes should be aware that fundamentals, coaching and proper safety equipment are important to the safety and enjoyment of the sport.

31. Proper warm-up is essential before strenuous activity takes place. Be aware of the potentially serious injuries if you do not follow correct procedures in stretching, and conditioning.
32. If you wear eyeglasses, contact the coach for proper fitting of safety lenses, appropriate frames that are compatible with wrestling. If you have a bi or tri-focal lens, contact your doctor to provide the best len(s) combination for wrestling.
33. Perform only those skills and techniques as instructed and/or supervised by your coach.
34. Be sure all equipment, especially shoes and head gear, is fitting properly before each day's activity.
35. Athletes should wear the proper safety equipment as designated by the coach.
36. Travel to and from off-campus facilities and practice/competition sites must be in accordance with school procedures.
37. Remove all jewelry and metal hair fasteners and other body adornments as required by rules and regulations for wrestling. Make sure your hair is of proper length meeting the standards of the WIAA.
38. Be aware of your surroundings both home and away including but not limited to surface conditions, obstructions in the proximity to the wrestling mat and safe entrance/egress to/from the wrestling area.
39. Wear outer and under garments appropriate for humidity and temperature.
40. In order to help protect the safety of all squad members, squad members with physically limiting injuries and/or health conditions must inform the coach prior to each day's activity of limiting conditions and participate only to the extent allowed by the coach.
19. Players should hydrate themselves frequently during practice and meets and follow the coaches' direction on hydration prior to and following practices and meets.
20. Notify the coach if you are injured.
21. Practice only when your coach is present.
22. Wrestlers must be aware of potentially dangerous hold and refrain from using them in any and all situations.
23. Do not attempt for the first time any hold or movement without the prior instruction and authorization of the coach. After the coach has determined your ability to apply the hold or movement in the proper manner, you may use the hold or movement at any time the hold or movement is legal or authorized.
24. Wrestling is designed to match two athletes of comparable weight and similar ability. Do not wrestle with someone much lighter than you or much heavier than you without the coaches' approval with knowing the limits on the wrestling permitted in this closely supervised match or practice.
25. Only wrestle opponents who are certified to wrestle you at your approved weight class.
26. Check all equipment and apparatus prior to using them each day with special attention to sanitizing the mat on a daily basis both before and at the conclusion of practice or a match.
27. Make sure the border mats are in place before wrestling in a practice or competition.
28. During a match or tournament, locate the proper warm-up area and allow ample time for stretching and body warm-up before competing.
29. Athletes shall not attempt a new move or techniques without the proper instruction from their coach and the approval of a coach to attempt a new move or technique.
30. Athlete weight control standards must be approved by a doctor and in compliance with WIAA rules and regulations.

\*\*\*\*\*

The above information has been explained to me and I understand the list of rules, safety regulations/warnings and procedures. I also understand the necessity of using the proper techniques while participating in the wrestling program

Date	Athlete's Signature
Date	Signature of Parent/Legal Guardian

**Lakewood School District**  
**TRACK AND FIELD SAFETY GUIDELINES**  
**(Prior to participation, both the student and parent must read carefully and sign)**

When a person is involved in any athletic activity, an injury can occur. One should be aware the information presented in these safety guidelines is to inform the athlete of proper techniques and inherent dangers involved with track & field. There is a chance of broken bones, muscle and soft tissue and back injuries, which could lead to some form of paralysis. Not all potential injury possibilities in this sport are listed, but athletes should be aware that fundamentals, coaching and proper safety equipment are important to the safety and enjoyment of the sport.

41. Proper warm-up is essential before strenuous activity takes place. Be aware of the potentially serious injuries if you do not follow correct procedures in stretching, and conditioning.
42. If you wear eyeglasses, contact the coach for proper fitting of safety lenses, appropriate frames that are compatible with golfing. If you have a bi or tri-focal lens, contact your doctor to provide the best len(s) combination for the various track and field events.
43. Perform only those skills and techniques as instructed and/or supervised by your coach.
44. Be sure all equipment, especially shoes, is fitting properly before each day's activity. Make sure all shoes have the proper cleats for both the event and track surface.
45. Athletes should wear the proper safety equipment as designated by the coach.
46. Travel to and from off-campus facilities and practice/competition sites must be in accordance with school procedures.
47. Remove all jewelry and metal hair fasteners and other body adornments as required by rules and regulations for track and field.
48. Be aware of your surroundings both home and away including but not limited to surface conditions, obstructions in the proximity to the golf course and safe entrance/egress to/from the course.
49. Wear outer and under garments appropriate for humidity and temperature.
50. In order to help protect the safety of all squad members, squad members with physically limiting injuries and/or health conditions must inform the coach prior to each day's activity of limiting conditions and participate only to the extent allowed by the coach.
31. Players should hydrate themselves frequently during practice and meets and follow the coaches' direction on hydration prior to and following practices and meets.
32. Notify the coach if you are injured.
33. Practice only when your coach is present.
34. Hurlers must make sure the hurdles are placed at the correct height and are facing in the proper direction. Do not run backwards over a hurdle.
35. Be aware of the safety rules for special events such as javelin, pole vault, discus, and shot put. These events require specialized training and special supervision of both the athlete and those in close proximity.
36. Do not attempt any field event without the prior authorization of the coach.
37. Before attempting any throwing event, make sure the throwing sector and landing area are free of people and obstructions.
38. Check all equipment and apparatus prior to using them each day. Special attention is required for pole vault pits to make sure the sections of the pit are secured to each other, the top cover is firmly attached to and covering all sections of the pit and the proper pads are in place surrounding the vault standards.
39. Pole-vaulters should never use a pole that does not properly match the athlete's weight and height to be attempted.
40. Athletes shall not attempt an event without the proper instruction from their coach and the approval of a coach to attempt an event.
22. At the conclusion of each practice and meet, return all equipment to the proper storage area as directed by your coach and secure those storage areas as directed by your coach.

\*\*\*\*\*

The above information has been explained to me and I understand the list of rules, safety regulations/warnings and procedures. I also understand the necessity of using the proper techniques while participating in the track & field program

Date	Athlete's Signature
Date	Signature of Parent/Legal Guardian

**LAKEWOOD MIDDLE SCHOOL**  
**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.

**Symptoms may include one or more of the following:**

- |  |  |
|--|--|
| <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> |
|--|--|

**Signs observed by teammates, parents and coaches include:**

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

**LAKEWOOD MIDDLE SCHOOL**  
**Concussion Information Sheet**

**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:

<http://www.cdc.gov/ConcussionInYouthSports/>

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport  
Document created 6/15/2009