EVERGREEN ❑
HELA ❑
HERITAGE ❑

MTN. VIEW ❑
UNION ❑

EVERGREEN PUBLIC SCHOOLS
HIGH SCHOOL ATHLETIC/ACTIVITY REGISTRATION FORM

Please check the sports that you wish to participate in this year

___ Band	___ Color Guard	___ Lacrosse	___ Swimming	___ Wrestling
___ Baseball	___ Dance	___ Marching Band	___ Tennis	___ Cross Country
___ Basketball	___ Football	___ Soccer	___ Track	
___ Bowling	___ Golf	___ Softball	___ Volleyball	
___ Cheer	___ Gymnastics	___ Sports Med		

Student's Name _____ Birthdate_____ Grade_____ Sex: M F

Parent's/Guardian's Name _____ Home Phone_____ Work Phone _____

Home Address_____ Cell Phone _____

E-Mail Address_____ Hospital Preference_____

Doctor's Name _____ Phone_____

Other Emergency Contact_____ Phone_____

Does your child have a health condition which may require special attention (bee sting allergy, food allergy, etc.)? ❑ Yes ❑ No

If yes, list known allergies _____

Inquiries regarding accommodations for students with disabilities should be directed to the school's 504 Officer. For specific information please contact: Evergreen Public Schools' 504 District Coordinator, Holly Long at 604-6704.

MEDICAL EMERGENCY AUTHORIZATION

As Parent/Guardian, I authorize the team medical practitioner, or a qualified physician, to examine the above named student 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/guardian to explain the nature of the problem prior to any involved treatment.

Parent/Guardian Signature _____ **Date**_____

INSURANCE WAIVER

Name of Insurance Company _____ **Policy No.** _____

My son/daughter is covered by the insurance listed above and I will continue to keep it in force throughout the sport season, therefore, I do not wish to enroll _____ (name of son/daughter) in the School Accident Coverage Plan. The Principal is authorized to contact the Company named above to verify coverage limitations.

I accept full responsibility for the cost of treatment for any injury which s/he may suffer while taking part in the program. Please permit him/her to take part in athletics and Sports Days.

ELIGIBILITY

I have read the expectations and guidelines (including the District Drug Policy) in the Athletic/Activity Handbook located on the District website at www.evergreenps.org/SchoolInfo/Documents/HS-AthHandbk16-17(w).pdf, and agree to the rules of participation in the above. My student has my permission to turn out for interscholastic athletics and travel to any practice or contest in a school-approved vehicle.

Date of enrollment in Evergreen Schools:_____ School Attended Last Year:_____

Date Student began 9th Grade:_____

Does the student live within our school boundaries? ❑ Yes ❑ No Does the student live with parent/guardian? ❑ Yes ❑ No

Parent's Signature _____ Date signed:_____

Student's Signature _____ Date signed:_____

For office use only

Student #_____ ASB_____ Fines_____ Physical Expires_____ Year_____

Student Name_____
Please Print

STUDENT AND PARENT/GUARDIAN ATHLETIC PARTICIPATION
INFORMED CONSENT FORM

WARNING: AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS

Both the participating student and a parent or guardian must read carefully and sign.

I and my parent(s)/guardian(s) understand that there are dangers and many risks of injury in practicing and competing in the sport of my choice. I/we understand these dangers and risks in the sports marked on the reverse of this form 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 the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. No amount of reasonable supervision, training, or protective equipment can eliminate all risks and dangers. I understand that the dangers and the 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 to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

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.

In consideration of the Evergreen Public Schools permitting me to try out for any sport in the Evergreen School District Athletic program and to engage in all activities related to the team, including, but not limited to, trying out, practicing, or playing/participating in that sport, I hereby assume all the risks associated with participation and agree to hold Evergreen Public Schools, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the team. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I/we, the parent(s)/guardian(s) of the above named student, acknowledge that I/we have been advised, cautioned, and warned by representatives of the Evergreen Public Schools that my/our child may suffer serious injury, paralysis or death from participating in any sport. I/we understand, am aware of and appreciate the above warnings and information. I/we give my/our consent for the above named student to participate in any sport for the current school year.

The following to be completed only if the sport is football, soccer, wrestling, gymnastics, or baseball: I specifically acknowledge that _____(indicate sport) is a VIOLENT CONTACT SPORT involving even greater risk of injury than other sports._____
(parent initial)

I/WE UNDERSTAND THAT THERE IS ALWAYS POTENTIAL RISK OF INJURY TO MY/OUR CHILD WHILE PARTICIPATING IN SPORTS

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Student Date

Preparticipation Physical Evaluation
HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

_____

_____

_____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

_____

_____

_____

_____

_____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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Preparticipation Physical Evaluation
PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height Weight ☐ Male ☐ Female		
BP / (/) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart [a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)[b]		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic [c]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____

Reason _____

Recommendations _____

_____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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Preparticipation Physical Evaluation
CLEARANCE FORM

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____

Reason _____

Recommendations _____

_____

_____

_____

_____

_____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

_____

_____

_____

_____

_____

Other information _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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Student/Parent Concussion Recognition and Sudden Cardiac Arrest Awareness & Form

Concussion Information

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:

- Headaches
- Neck pain
- Sensitivity to light or noise
- Drowsiness
- "Don't feel right"
- Nervousness or anxiety
- Confusion
- Repeating the same question/comment
- "Pressure in head"
- Balance problems or dizziness
- Feeling sluggish or slowed down
- Change in sleep patterns
- Fatigue or low energy
- Irritability
- Concentration or memory problems (forgetting game plays)
- Nausea or vomiting
- Blurred, double, or fuzzy vision
- Feeling foggy or groggy
- Amnesia
- Sadness
- More emotional

Signs observed by teammates, parents and coaches include:

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

What can happen if my child keeps on playing with a concussion or returns too 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 athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to 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 heath 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 it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

Return To Participation Protocol

If your child has been diagnosed with a concussion they **MUST** follow a progressive return to participation protocol (under the supervision of an approved health care provider) before full participation is authorized.

The return to play protocol may not begin until the participant is no longer showing signs or symptoms of concussion. Once symptom free, the athlete may begin a progressive return to play. This progression begins with light aerobic exercise only to increase the heart rate (5-10 minutes of light jog or exercise bike) and progresses each day as long as the child remains symptom free. If at any time symptoms return, the athlete is removed from participation.

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year. ***SCA is also the leading cause of sudden death in young athletes during sports.***

What causes Sudden Cardiac Arrest?

SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Unexplained seizures
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat Sudden Cardiac Arrest

Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!

IMPORTANT INFORMATION!!! PARENTS & STUDENTS, PLEASE READ BOTH SIDES AND SIGN FORM BELOW

Evergreen Public Schools

Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

The Evergreen Public Schools believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for this Concussion Management and Sudden Cardiac Arrest Awareness Information Sheet you have received.

This form must be signed annually by the parent/guardian and student prior to participation in Evergreen Public Schools athletics. If you have questions regarding any of the information provided in the information, please contact the athletic director at your school.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED ON THIS CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS SHEET.

_____	_____	_____
Student Name (Printed)	Student Name (Signed)	Date
_____	_____	_____
Parent Name (Printed)	Parent Name (Signed)	Date

Evergreen Public Schools

DRIVER ACKNOWLEDGEMENT

I volunteer to provide private transportation for the school-related function identified below and affirm the following:

1. I have a valid vehicle operator's license (attach a copy with this agreement).
2. My vehicle is in a safe, serviceable operating condition and there are seat belts for each passenger.
3. I currently have vehicle liability insurance in the following amounts or greater (attach a copy with this agreement).
   a. 100K/300K Bodily Injury/Property Damage Liability
   b. 100K/300K Uninsured/Underinsured motorist
   c. Personal Injury Protection
4. I am aware that the liability insurance policy of Evergreen Public Schools will not be in effect.
5. I am aware that I must travel directly to and from events.
6. I agree to refrain from the use of alcohol.
7. I agree to refrain from the use of drugs that will affect my ability to safely drive the vehicle.
8. If I am a student driver, I agree to not transport any other students in my vehicle.
9. My vehicle cannot transport more than nine (9) people including the driver. (see vehicle rating on door).

The sport for the season of:_____

Destination/Purpose:_____

_____

Driver of Vehicle (please print)_____

_____

Signature of Vehicle Driver _____ Date_____

<u>If driver is a student, the student's parents must sign below.</u>

I have read and agree to the above acknowledgement. I/we agree to release Evergreen Public Schools, its employees, agents, representatives, coaches and volunteers from any liability in connection with my student transporting himself/herself.

Parent/Guardian _____ Date_____

Parent/Guardian _____ Date_____

Evergreen Public Schools

TRANSPORTATION WAIVER

As a member of an athletic/activity team within Evergreen Public Schools, we understand that, on many occasions, transportation to and from practices and contests will not be provided by the Evergreen Public Schools. In such instances, I understand that it is our responsibility to determine how our son/daughter

_____ will be transported to and from practices and contests.

We as parents and/or legal guardian of the above named student hereby certify that we agree to release Evergreen Public Schools, its employees, agents, representatives and coaches from any liability resulting from any injury and/or death occurring during non-district transportation to or from any practice or contest and assume full responsibility.

_____	_____	_____
Signature of Parent or Legal Guardian	Printed Name	Date

Evergreen Public Schools
Athletic Eligibility Requirements

WIAA ELIGIBILITY-TRANSFERRING STUDENTS: After registering with and/or attending a middle level or high school, students changing enrollment to/from one school district to another school district or from one high school to another high school within a multiple high school district shall be considered transferring students. In order to be eligible for varsity competition, transferring students must meet the normal residence requirements or the transferring student requirements of under the WIAA regulations 18.10.1, 18.10.2, or 18.10.3, or be granted a waiver under 18.12.0 and 18.25.0. This section shall also apply to those students receiving home based instruction that is registered with the Evergreen Public Schools. A student who is ineligible in a member school may not become immediately eligible at another member school without completing the conditions of eligibility.

I have read the expectations and guidelines (including the District Drug Policy) in the Athletic Handbook located on the District website at **www.evergreenps.org/schoolinfo/documents/HS-Athhandbk16-17(w).pdf** and agree to the rules of participation in the above. My student has permission to turn out for interscholastic athletics and travel to any practice or away contest in a school-approved vehicle.

Student's Name_____ Grade_____ Sex: M F

Parent's/Guardian's Name _____ Home Phone_____ Work Phone _____

Home Address _____ Cell Phone _____

E-Mail Address _____ Hospital Preference _____

Doctor's Name _____ Phone_____

Other Emergency Contact _____ Phone_____

Please answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information. A participant/parent/guardian that provides the school with false information may result in the participant being declared ineligible from interscholastic competition for a period of one year.

Season limitations: Age:_____ Birth Date: _____

What month and year did the student enter the 7th grade? Month:_____Year:_____

9th grade? Month:_____Year:_____

Y N Does the above student reside within the boundaries of our school?

If No: has the student attended our school for **one full calendar year**? Y or N

Y N Does the above student reside with their parent/court appointed legal guardian?

Y N Did the student attend school the previous semester as a full time student?

Y N Has the above student been in **continuous attendance** at our school for one full calendar year?

If No: where else has the student attended?_____ (Please provide a report card)

Y N Did you leave your previous school in good standing?

If No: Why? _____

Y N Is the above student a **Running Start** student?

Y N Is the above student receiving a **HOME-BASED education**? If yes, are you registered with the EPS?

Y N Did the student play sports at another high school last year?

If Yes: where else has the student participated? _____

Y N Is the above student 20 years old or will turn 20 this school year?

Y N Has the above student ever repeated grades 7-12?

Y N Is the above student a **2nd year senior**?

Y N Did the student receive an F in more than 1 class at the end of the previous semester?

Y N Is the above student a foreign exchange student?

Parent Signature: _____Date:_____

Student Signature:_____Date:_____

CONSENT TO SHARE INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To help save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify. However, we must have your permission to be able to share this information. Submitting/not submitting this form will not change whether your children get free or reduced-price meals.

☐ NO, I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of these programs.

☐ YES, I want school officials to share information from my Free and Reduced-Price School Meals Application shared with Activities/Athletic Departments for reduced sports user fees.

If you checked YES in the box above, fill in the information below. Your information will be shared only with the program you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

_____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410* or call 1-800-795-3272 or (202) 720-6382 (voice and TDD). USDA is an equal opportunity provider and employer.

Evergreen Public Schools

Our athletic programs will be using HUDL and/or Krossover, online scouting tools that students will use to view game film as well as distribute game film to colleges for scouting purposes. Certain laws and regulations apply to the use of technology that supports classrooms and involves the disclosure of students' personally identifiable information ("PII"). (Examples of PII include first name, last name, student ID number, date of birth, address, and phone number, among other identifiers. PII does not include medical/health-related or disciplinary information.) Your child's use of HUDL or Krossover may require the disclosure of your child's PII to the website operator and any third party providers (such as hosting companies) with whom the operator works.

The privacy of your child's PII is protected by the Family Education Rights and Privacy Act (FERPA). FERPA is a federal law that is designed to protect the privacy of student education records. FERPA generally prohibits school districts from disclosing PII of students age 18 or younger without parental permission, except under certain circumstances. Although FERPA contains several exceptions that allow school districts to disclose PII without obtaining parental consent in certain circumstances, the District is requesting your written consent.

Additionally, the Children's Online Privacy Protection Act (COPPA) requires websites to provide parental notification and obtain parental consent before collecting personal information from children under the age of 13. COPPA permits school districts to consent to the collection of personal information on behalf of parents. A school district's ability to consent for a parent is limited to the educational context, where an operator collects personal information for the use and benefit of the school, and for no other commercial purpose.

For more information on FERPA and COPPA, please visit http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html (FERPA) and http://www.ftc.gov/privacy/coppafaqs.shtm (COPPA).

Please take a moment to visit the websites of the product we will be using: https://www.hudl.com, https://www.krossover.com/. Please also review the description of the PII the product may collect: https://www.hudl.com/privacy , https://www.krossover.com/privacy/ . Your child will access the product using his or her District-provided email account. Your child (or your child's coach) may also be asked to provide other PII, including (but not limited to) first name, last name, and student ID number. The type(s) of PII collected vary by the product; typically, the products the District uses only request the information necessary to identify each student and track his or her progress and participation.

After reviewing the information on FERPA and COPPA, and reviewing the product website, please sign and return this form. Your signature indicates that (1) you give permission for your child to access and use HUDL and/or Krossover; (2) you consent to the District uploading, as it deems necessary for your child's use of the product, your child's PII into the application; and (3) your acknowledgment that the District will be providing COPPA consent on your behalf. This permission will expire at the end of this school year. You can revoke it at any time by sending the District (attention: Cale Piland) written notice.

Please feel free to contact me directly if you have any concerns or questions about this!

Sincerely,

Cale Piland
Director of Athletics and Activities

Student's Name: _____

Parent Signature:_____