Dear Parent/Guardian:

“Athletics” means more than competition between individuals or teams representing different schools. It is, rather, a means of building a way of life respected in our society. It teaches understanding and appreciation of teamwork—that to participate means success, and to follow training rules means healthy living habits and establishes high team morale. This results in a mutual trust by coaches and other team members. Athletics exemplifies the philosophy that dedication, drive, and determination bring eventual success.

Athletics is a privileged part of your total educational experience. It creates a special environment that produces experiences promoting loyalty and dedication to yourself, family, home, school, and community.

The athlete is a role model for younger students and peers. Therefore, it is important that the athlete’s behavior remain above question. As a student leader, the athlete must accept the responsibilities and obligations placed by those represented.

To help the athlete realize the above goals, it is necessary to understand that athletics are more important to the athlete than the athlete is to athletics.

We invite you to accept this challenge.

Please read and complete all of the attached paperwork with appropriate signatures. Once completed, please submit this packet back into your building athletic directors prior to being cleared for participation.

Sincerely,

Rob Swaim,
Auburn School District Director of Athletics
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 "commotic 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
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- 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!
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:

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

### 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

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.

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

Document created 8/15/2009
Student/Parent Sudden Cardiac Arrest Awareness Form

The Auburn School District 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 the sport.

Player and parental education in this area is crucial which is the reason for the Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

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

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE SUDDEN CARDIAC ARREST AWARENESS PAMPHLET.

______________________________  _______________________________  ________
Student Name (Printed)         Student Name (Signed)             Date

______________________________  _______________________________  ________
Parent Name (Printed)           Parent Name (Signed)               Date
Return to Play after a Concussion

If your child does get a concussion, they will not be able to return to full participation for at least a week. There may be instances in which your child’s healthcare provider determines that more time for recovery is needed. Once symptoms have returned to baseline levels, a Return to Play protocol will begin. There must be at least 24 hours in between each step and each step needs to be supervised by a healthcare provider.

The basic Return to Play progression is:
- Day 1: 24 hours with no concussion symptoms (must include a day of school)
- Day 2: Light aerobic activity only to increase the heart rate (5-10 minutes of light jog or exercise bike) (no weight lifting)
- Day 3: Sport-specific activity
- Day 4: Non-contact training drills
- Day 5: Full contact practice
- Day 6: Normal game play/competition

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 it’s 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 3rd International Conference on Concussion in Sport
Document created 6/15/2009
Auburn School District

ATHLETIC RULES OF CONDUCT

Auburn School District is a member of the Washington Interscholastic Activities Association and must comply with the rules as stipulated in the constitution and rules and regulations of the Association. All contestants must be eligible under the WIAA academic regulations to participate in an interscholastic contest.

Conduct: Participants shall abide by all written training rules established for the sport/activity in which he/she is participating, and shall at all times behave in a manner that conveys respect for all individuals. Acts of harassment, hazing or a criminal act defined by law will not be tolerated. In addition, a participant shall conduct him/herself with personal integrity and honesty at all times and in all situations; both as a participant and as a spectator. Unacceptable behaviors and/or misconduct may necessitate penalties as appropriate, in an attempt to reduce any behavior which negatively impacts the individual, the team/group, and/or the image of the Auburn School District Athletics/Activities. Each incident will be reviewed on a case-by-case basis by the coach/advisor, administrator, or Athletic/Activity Board.

Any athlete failing to comply with the following rules of conduct shall be subject to disciplinary action in accordance with the School District's Athletic Code. Participation in interscholastic athletics is a privilege, not a right.

RULE 1--LEGEND DRUGS, CONTROLLED SUBSTANCES, DRUG PARAPHERNALIA AND ALCOHOL USE

Penalties for violation of RCW 69.41.020-69.41.060 for the possession, use or sale of legend drugs (drugs obtained through prescription) including anabolic steroids and possession, Violation of RCW 69.50 (uniform Controlled Substances Act) or possession or under the influence of alcohol or alcohol related substances—A violation shall be considered a violation of the eligibility code and standards, and shall subject the student to disciplinary actions as follows:

FIRST VIOLATION
Immediately ineligible for interscholastic competition for the remainder of the current season. If less than 25 days remain in the current season, ineligibility will continue into the next applicable sport season (completed in good standing) in order to complete a full 25 day Ineligibility. Before returning to the next sport season, the athlete must obtain a drug/alcohol assessment from a certified agency/professional and must participate in the Insight program or an equivalent drug education course.

SECOND VIOLATION
Ineligible and prohibited from participating in any WIAA sports program for a period of one calendar year from date of second violation.

THIRD VIOLATION
Permanently prohibited from participation in any WIAA athletic program for the remainder of high school eligibility.

RULE 2--ATHLETES ATTENDING FUNCTIONS WHERE ALCOHOL AND OR DRUGS IS BEING ILLEGALLY CONSUMED: Athletes who attend a gathering where drugs and/or alcohol are being used illegally, must upon learning of the presence and/or use of such substances, make immediate and exhaustive attempts to leave the premises.

FIRST VIOLATION
See chart below

SECOND VIOLATION
Suspension for 35 participation days effective immediately. Before returning to the next sport season, the athlete must obtain a drug/alcohol assessment from a certified agency/professional and must participate in the Insight program or an equivalent drug education course.

THIRD VIOLATION
Exclusion from all athletics for one calendar year.

FIRST VIOLATION ONLY

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<th>Means of Discovery</th>
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<tbody>
<tr>
<td>Self-Referral</td>
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<tr>
<td>Admittance</td>
</tr>
<tr>
<td>Investigative</td>
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RULE 3--USE AND/OR BEING IN POSSESSION-OF TOBACCO OR TOBACCO PRODUCTS. Tobacco includes, but is not limited to, cigarettes, cigars, snuff, smoking tobacco, smokeless tobacco, nicotine, nicotine delivering devices, chemicals, or devices that produce the same flavor or physical effect of nicotine substances; and any other tobacco innovation.

FIRST VIOLATION
See chart below

SECOND VIOLATION
Suspension for 25 participation days effective immediately.

THIRD VIOLATION
Exclusion from all athletics for one calendar year.

FIRST VIOLATION ONLY

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<td>Investigative</td>
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</table>
RULE 4-- NOT OBEYING SCHOOL RULES AND REGULATIONS DURING SEASON (INCLUDING REGULAR SCHOOL ATTENDANCE AND DISCIPLINARY SANCTIONS).

FIRST VIOLATION
Conference with building coordinator or administrator, unable to participate in the NEXT contest

SECOND VIOLATION
Probation, unable to participate in the NEXT two contests

THIRD VIOLATION
Suspension for remainder of current season

RULE 5-- SUSPENSION FROM SCHOOL DURING SEASON (INCLUDING IN-HOUSE DISCIPLINARY SANCTIONS)

FIRST VIOLATION
Suspension for the period of school suspension and unable to participate in the NEXT contest

SECOND VIOLATION
Suspension for 15 participation days effective immediately and automatic probation (five days minimum)

THIRD VIOLATION
Expulsion from all athletics for one calendar year

RULE 6-- ANY STUDENT CONVICTED OF A FELONY CRIME WILL NOT BE ALLOWED TO PARTICIPATE IN ATHLETIC COMPETITION FOR ONE FULL CALENDAR YEAR OR UNLESS THE SENTENCE IS COMPLETED. CONVICTED SEX OFFENDERS WILL NOT BE ALLOWED TO PARTICIPATE IN ATHLETICS.

SOCIAL MEDIA - Student-Athletes should avoid videos and photos on social media outlets. Videos and photos on social media outlets can be used as evidence of athletic code violations and lead to athletic discipline.

Definition of Sanctions:

PROBATION: A period of time in which an athlete may be given an opportunity to correct deficiencies that could result in suspension or expulsion from athletic participation. The athlete is allowed to practice but not compete in games during this time and must sit out a minimum of one contest. Athlete will not be allowed to sit on the bench, sideline or dugout during exclusion from a contest.

PARTICIPATION: As defined by the WIAA participation schedule. If the conclusion of a season occurs during suspension period, the remainder of the suspension will carry over into the next sports season.

SUSPENSION: Includes exclusion from all athletic participation.

EXPULSION: The exclusion from athletic participation for the remainder of the current school year.

INVESTIGATIVE (discovery) – The process by which an administrator/coach/athletic director arrives at a conclusion regarding a student’s involvement in an athletic code infraction. The decision will be based on evidence, either verbal or written.

SELF ADMITTANCE (discovery) – Student athletes that admit to their involvement in an athletic code infraction and who are cooperative and honest the investigative process regarding alleged code infractions.

SELF-REFERRAL (discovery) – Student athlete who reports self-infractions to school administrator prior to any investigation or inquiry by school administrators or staff.

IN SEASON: Begins with the first WIAA allowed practice day and ends with the awards ceremony (banquet) for that sport. In the event of no season-ending banquet or a banquet held prior to the last competition, the ending date will be after the last scheduled event for that sport.

COMPLETED SEASON: A season which a student athlete begins and completes the season, in good standing, without interruptions, until the last scheduled contest or banquet, whichever is later.

ACCUMULATION OF VIOLATIONS: Violations #1, #2, or #3 are accumulated while the student athlete is involved in high school athletics.

The Auburn School District sport season ends with the awards program, held at the discretion of the head coach for each sport. An athlete must finish the season in good standing in order to receive a letter. Athletes are reminded that they are under the athletic code beginning with the date of their first practice until 1 calendar year from the last participation day in any sport: Fall, Winter, or Spring and/or when representing the school during organized summer activities. Athletes are responsible for being knowledgeable of all additional information provided in the Athletic Handbook which is distributed to athletes and/or Auburn School District Website.

Participant’s Printed Name

Parent’s Printed Name

Participant’s Signature

Parent’s Signature

Date

Date 6/10/11
AUBURN SCHOOL DISTRICT ATHLETIC PARTICIPATION FORM

STUDENT NAME ____________________ M ___ F ___ GRADE ___ AGE ___ BIRTHDATE ___
PARENT NAME ____________________ PARENT CELL PHONE ________________ HOME PHONE __________
HOME ADDRESS ____________________ CITY/STATE/ZIP ________________

ATHLETIC ELIGIBILITY (High School only)
Please accurately answer the following questions pertaining to athletic eligibility. It is important to give accurate information.

Yes ☐ No ☐
☐ The student is currently under an athletic suspension from previous school district.
☐ The student is on a waiver (non-resident, resident).
☐ The student resides within the boundaries of the Auburn School District
☐ The student resides with his/her parents/legal guardians.
☐ The student was in attendance in school at least 15 weeks of the previous semester.
☐ The student passed 5 classes during the previous semester.
☐ The student is currently enrolled in the Auburn School District a minimum of 5 full-credit classes.
☐ The student is under 20 years of age.

Is the student: ☐ Running Start ☐ Home Schooled ☐ Alternative School ☐ Other ________
Year entered ninth (9th) grade: ________ School attended last year: ________________ Dates attended: ________ to ________

★ Student Signature ____________________ Date ________________
★ Parent/Guardian Signature ________________ Date ________________

PARENT CONSENT/ASSUMPTION OF RISK
We hereby give our consent for our son/daughter to engage in interscholastic activities provided by the Auburn School District unless disapproved by the examining physician. We also give our consent for the student to accompany the team to other school venues. We will comply with and support the participation rules of the Auburn School District. This application to compete in interscholastic athletics in the Auburn School District #408 is made with the understanding that eligibility rules and regulations of the state association have not been violated. Competitive athletics is a voluntary extra-curricular activity and participation may result in severe injury, including paralysis or death. No amount of reasonable supervision or training can completely eliminate the risk of possible injury.

AS A CONDITION OF PARTICIPATION IN ATHLETICS, WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING STATEMENT.
★ Parent/Guardian Signature ____________________ Date ________________

CONSENT FOR DISCLOSURE
I hereby authorize the physicians, athletic trainers, sports medicine staff and other health care personnel treating me to release information regarding the student-athlete’s protected health information and related information regarding any injury or illness during the student-athlete’s training for any participation in the Auburn School District. I further understand that it is at my request to comply with the requirements of his/her school and the release of protected health information to a coach, athletic director, of school official in connection with participation in interscholastic sports. This protected health information may concern the student-athlete’s medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, hospitals, and/or medical clinics and laboratories, athletic coaches, medical insurance coordinators, athletic and/or school administrators, and officials of the WIAA.

I, ___________________________________ parent or guardian of ___________________________________, understand that as a parent/legal guardian give authorization/consent for the disclosure of the student-athlete’s protected health information is a condition for participation as an interscholastic athlete in the Auburn School District of the purpose of the undersigned student-athlete to participate in interscholastic sports. I understand that my protected health information is protected by the federal regulations under either the Health Information Portability and Accountability Act (HIPPA) or the Family Educational Right and Privacy Act of 1974 (FERPA) and may not be disclosed without either parent/legal guardian authorization under HIPPA or consent under the Buckley Amendment. I, the parent/legal guardian understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by HIPPA and or FERPA. I, the parent/legal guardian, understand that I may revoke this authorization/consent at any time by notifying in writing the school’s athletic director, but if I do, it will not have any effect on the actions of the Auburn School District officials took in reliance to this authorization/consent prior to receiving the revocation. This authorization/consent expires one year for the date it is signed.

★ Parent/Guardian Signature: ____________________ Date: ________________
★ Student Signature: ____________________ Date: ________________
MANDATORY ACCIDENT INSURANCE (Check One)

☐ My son/daughter is currently enrolled in the Student Accident Insurance Program offered through the Auburn School District. Information regarding this plan is available through your child’s school office. (OFFICE CONFIRMATION REGARDING PURCHASE)

☐ My son/daughter is covered by the insurance listed below and I will continue to keep it in force throughout the sports season. If there are any changes in this status, I will contact the school to inform them of changes in insurance. The high school principal or designee is authorized to contact the company named below to verify coverage limitations. I accept full responsibility for the cost of treatment of any injury that my son/daughter may suffer while taking part in the program.

Name of Insurance Company:__________________________________________________________

Policy or Group #:_________________________________________________________________

★ Parent/Guardian Signature ____________________________________________________________________________ Date __________________

PERMISSION FOR MEDICAL TREATMENT

In the event of an emergency requiring medical attention, we hereby grant permission to a physician or other hospital personnel designated by the Auburn School District’s coaching staff to attend our son/daughter. We expect every effort will be made to contact us in order to receive our specific authorization before any treatment or hospitalization is undertaken.

★ Parent/Guardian Signature ____________________________________________________________________________ Date __________________

MEDICAL/HEALTH CONDITIONS

Please indicate if any of the following medical/health conditions apply:

Yes No Yes No

☐ ☐ Diabetic ☐ ☐ Does the student carry an Insulin Pack?

☐ ☐ Asthma ☐ ☐ Allergies: Please give Type: __________________________

☐ ☐ Concussion history? If yes, dates: ___________________________________________________________________

Other: ____________________________________________________________________________________________

PHYSICIANS EVALUATION REPORT (ALL INCOMING 6TH AND 9TH GRADERS ARE REQUIRED TO HAVE A NEW PHYSICAL ON FILE)

Auburn School District policy requires that:

*** A current physical examination is completed prior to participation at the high school level (grades 9-12) and must be dated AFTER JUNE 1st, for the upcoming school year.

*** A current physical examination is completed prior to participation at the middle school level (grades 6-8) and must be dated AFTER JULY 1st, for the upcoming school year.

*** Physicals may be valid up to 24 months from the date of the examination if all conditions are met. Physical expiration dates must extend beyond the respective WIAA season ending date:

*** Expiration dates occurring within a sport season shall require a new examination prior to that season.

PHYSICIAN’S EVALUATION REPORT

STUDENT NAME (PRINT): ____________________________ DATE OF PHYSICAL EXAMINATION: _____________

__________________________________________________________

Medical Examiner’s name (Print or type) Phone number Clinic Address

__________________________________________________________

Medical Examiner’s signature

Clearance for participation in Auburn School District athletics: ☐ Yes ☐ No

Physical limitations and/or recommendations:

________________________________________________________________________________________

________________________________________________________________________________________

To be filled out for middle school wrestlers:
If __________________________ competes in wrestling, the minimum weight should be no less than _____ pounds.

Student Name (Print or Type)