

GARFIELD-PALOUSE ATHLETIC CLEARANCE FORM

Please fill out all information needed, go to the appropriate areas, turn in the information, and have a coach sign as completed.

Athlete's Name: _____ Date: _____

Parents Name: _____ Home Phone: _____

Home Address: _____ Year in School: _____

I am planning to turn out for each of the following sports: (Circle) I understand I can only turn out for one sport each season.

FALL

Football

Volleyball

WINTER

Basketball

Cheerleading

SPRING

Baseball

Softball

Track

STATION ONE:

- ___ 1. **Age Limit:** *(Fall-under 20 on September 1st, Winter-December 1st, Spring-March 1st)*
 - a. Birth date _____
 - b. Age _____

- ___ 2. **Season Limitation:** *(Starting 9th grade, a student shall have only four consecutive years of eligibility, whether they participate or not)*
 - a. Year started 9th grade _____ to 200 _____
 - b. Grade in school this year _____

- ___ 3. **Previous Semester:** School G.P. or
 - a. *Must have been enrolled 15 weeks* _____
 - b. Date enrolled in Garfield-Palouse _____

- ___ 4. **Scholarship:**
 - a. *Must have at least a 1.5 GPA* _____
 - b. *Must have passed 3 classes* _____

- ___ 5. **Residence:** *(must reside within boundaries of the school district with natural parents, parent of legal custody, or court appointed guardian(s) of a least one year.)*
 - a. Address: _____

- ___ 6. **Transferring:** *(students transferring without a move by their parent(s) or guardians(s) shall be ineligible for Varsity competition for a period of one year) Check below:*
 - a. _____ Living within district with parent(s) or guardian(s)
 - b. _____ Living within district without parent(s) or guardian(s)
 - c. _____ Living outside district
 - d. Have you changed residences between natural mother and natural father (living in different residences) more than once since you began 9th grade? Yes No
 - e. If yes, date: _____

(cont.)

- ___ 7. **Member School:** *(students shall be a member of the school in which they reside)*
- ___ Enrolled and attending Garfield-Palouse High School
 - ___ Receiving Home-based instruction
 - ___ Living in district, but attending a private school
 - ___ Living in district, but attending "Running Start" Full or Part-time

STATION TWO:

___ **A.S.B. Cards:** *(every participant must have a valid A.S.B. card)*

STATION THREE:

___ **Insurance:** *(to participate in inter-scholastic athletic events participants must have school insurance or a personal accident plan)*

- School Insurance _____
- Insurance Waiver (dark pink) _____

(The school's liability insurance requires that parents/guardians of participants sign both a WARNING form (blue) and either the INSURANCE WAIVER (dark pink) OR purchase school insurance.)

STATION FOUR:

___ **Safety:**

- Warning form (blue) _____
- General Safety Guidelines (green) _____
- Emergency Treatment (gold) _____

STATION FIVE:

___ **Physicals** *(every participant must have had a physical examination; physical examinations are good for one calendar year)*

- Date of physical

STATION SIX:

___ **Transportation**

- Form A: Consent to Ride (light pink) _____
- Form B: Consent to Drive (turquoise) _____

STATION SEVEN:

- Code of Conduct (white)
- Participation Permission Form (lilac)

STATION EIGHT:

___ When you have completed this form, turn it into the appropriate station and collect your green participation card. **YOU MUST HAVE A GREEN CARD** in order to start practice.

HAVE A GREAT YEAR!!!!!!

Academic Eligibility for Athletics

State Requirements:

The WIAA requires that students be passing in one half of their core classes to be eligible to participate. A student has a five-week probationary period to achieve this level, during which time the student may participate in practice but not in a game.

Garfield-Palouse Requirements:

A student must have a 1.5 grade point average based on the previous quarter of school. Failure to do so prohibits a student from performing or competing in an extra curricular activity during a five-week probationary period, although a student may practice.

Absences:

Absence from School any or all of the day: NO PRACTICE OR PLAYING IN A GAME unless the absence is pre-planned and the office is notified before the start of the school day.

Transportation:

Transportation to and from games: Athletes are required to ride the bus; the Principal or the Athletic Director must clear any exceptions.

Athletes may be signed out at the games by their parents; the Principal or the Athletic Director must clear any exceptions.

Code of Conduct for All Activities at Garfield-Palouse Middle and High Schools

The following is the basic code of **Conduct** for all Middle and High school participants.

1. The use, consumption, possession, transmitting or sale of alcoholic beverages and/or tobacco is prohibited. (Persons in a car or at a party where alcoholic beverages are present are considered in violation of this rule.)
2. The use, consumption, possession, transmitting or sale of illegal or legend drugs, including anabolic steroids, is prohibited. The definition of legend drugs is those drugs that can only be taken legally via prescription to the user.
3. Students involved in alleged breaking of local, state or federal law both in and outside of the school and who after a school investigation of that action have proved detrimental and embarrassing to the school, athletic program, and or community may be subject to disciplinary action. (This includes harassment and hazing.)
4. **Absence policy regarding participation in activities.**
Students will not be allowed to practice or play if:
 - a) Leaves school because they are sick and go home or to the doctor.
 - b) Needs to use the infirmary for an illness or to rest because they are ill.
 - c) Are tardy or late to school because they needed more rest due to illness or were sick earlierStudents will be allowed to play if they:
 - a) Have a prearranged absence.
 - b) Are absent for a school activity.
 - c) Have a prearranged doctor or dentist appointment. (Office has been notified in advance.)
5. Students are expected to attend all scheduled meetings, practice session, performances and games whether school is in session or not. If a student must miss a practice or meeting, arrangements must be made in advance with the coach or advisor. A practice will be considered unexcused if not cleared by the head coach prior to practice. Two unexcused absences will lead to a suspension.
6. Students representing Garfield and Palouse are expected to exemplify the highest standards of good sportsmanship and appropriate behavior. Sportsmanship consists of the qualities of courteousness, fairness, and respect for officials, teammates, opponents, advisors, coaches, and others associated with the activity. The use of profane and obscene language and/or acts of vulgarity will not be tolerated.
7. All student participants *must* travel to and from contests with the team and in transportation provided for this purpose. After contests, students may be signed off the bus only by their parent or guardian. **Any arrangements other than stated above must be made in advance with the principal and/or activities director.**
8. In additions to the rules stated above, other rules regarding requirements for participation and academic eligibility, responsibility for equipment, overall conduct, and bus conduct are published in the student activity handbook. If you need a copy of this publication contact the school.
9. Advisors/coaches may require adherence to additional written rules needed to direct their activities.
10. Code of conduct violations would be in effect for the school year. This would include all practices, games, contests, and activities and include time between one activity and another/or between sport seasons. Code of conduct violations would continue through the school year until the last day of the school year. Additionally, code of conduct standards continue to be in effect for those students participating in school sponsored summer programs.

Penalties

The following consequences will result in breaking the above rules. Participants will receive written notification of rule violation and consequences which they must sign and return to their head coach/advisor. These will be kept of file with the athletic director.

(Cont.)

Violation Rule 1

I. First Violation:

a) Suspension from participating in 15% of the total activities schedule for the season.

AND b) required to participate in an assessment by the Whitman County Mental Health, Palouse Recovery Center or other approved agencies. All cost shall be the responsibility of the participant and his or her parents. The assessment must be scheduled before the student is allowed to participate in further competition that season. This section must be completed before the athlete may compete in their next season.

Honesty Clause. A student who voluntarily admits to or gives an honest response to an inquiry about a first time violation of Rule 1 will be: suspended from participating in 10% of the total activities scheduled for the activity season.

II. Second violation:

a) 1. If a second violation occurs during the same season the student will be suspended for the remainder of that season, and must be cleared by the activities director/Principal before participation in the next season. 2. If a second violation occurs during the participant's career at the Middle School and High School, suspension will be for 15% of the activities schedule during the season for that activity.

AND b) required to complete another assessment and carry out the recommendation of the assessment. Financial responsibility will be upon the athlete and his or her parents. The assessment must be scheduled before the student is allowed to continue to participate in that season. This section must be completed before the participant may turn out for their next season.

III. Third Violations: A third violation of these rules during a participants career in Middle School and High School will result in suspension of all school activities for the remainder of the student's enrollment in Garfield-Palouse.

Violation of Rule #2 (RCW 69.41.020-69.41.050)

I. First Violation: The student shall be immediately ineligible for interscholastic competition in the current interscholastic sports program and/or school approved activities for the remainder of the season. In order to be eligible to participate in the next season and/or school approved activity, the student shall meet with the school eligibility board, consisting of advisors/or coaches and administrators selected by the principal to request approval to participate. The board will recommend to the principal appropriate action to be taken in the student's case. The school principal shall have the final authority as to the student's participation in the interscholastic sports program and/or school approved activity.

II. Second Violation: A student who again violates Rule #2 during their career in Middle School and High School shall be ineligible and prohibited from participating in any program for a period of one calendar year from the date of the second violation.

III. Third Violation: A student who violates Rule #2 for a third time during their career in Middle School or High School shall be permanently prohibited from participation in any activity.

Violation of Rules #3-#10:

Possible consequences:

- a) Verbal reprimand
- b) Suspension from participating in games but still allowed to practice.
- c) Suspension from the team for the remainder of the season.
- d) Any violation that occurs after "b" has been applied will result in "c".

I have read and understand the Code of Conduct expected of participants at Garfield-Palouse Schools

Signed _____
Participant

Parent/Guardian

Date _____

Garfield-Palouse High School Transportation Form A

CONSENT TO RIDE IN PRIVATE TRANSPORTATION

I/We, the undersigned parent(s) of _____ realize school transportation is being provided for transportation to _____.

Knowing this, I/we give our permission for _____ to ride to said activity with _____ for the duration of activity.

I/We hereby release Garfield-Palouse School districts from any and all liabilities and further Hold Harmless and Indemnify the Garfield-Palouse School districts from any and all claims that may result while participating in this activity.

Dated this _____ day of _____, 20____.

Parent/Guardian: _____

Parent/Guardian: _____

Garfield-Palouse High School Transportation Form B

CONSENT TO DRIVE PRIVATE TRANSPORTATION

I/We, the undersigned parent(s) of _____ know and understand that school transportation is being provided for transportation to _____.

However, I/we knowingly give my/our permission for said child to use his/her own car for transportation to, during, and from _____. If applicable and permitted by law, my/our child may transport other students to, during, and from _____.

Car: _____

Full coverage insurance policy number: _____

Limits: _____ Deductible: _____

I/We hereby release Garfield-Palouse School districts from any and all liabilities incurred and further Hold Harmless and Indemnify the Garfield-Palouse School Districts from any and all claims that may result while my student is traveling to, during, or from said activity, and/or participation in this activity.

Dated this _____ day of _____, 20____.

Parent/Guardian: _____

Parent/Guardian: _____

GARFIELD-PALOUSE HIGH SCHOOL EMERGENCY TREATMENT RELEASE

Valid August 15, 2009 through September 1, 2010

Student's Name: _____ Birth Date: _____

Parent/Guardian: _____ Home Phone: _____

Mother's Employer and Phone Number: _____

Father's Employer and Phone Number: _____

If parents cannot be contacted call: _____

Family Doctor: _____

Insurance Company: _____

Insurance Policy Numbers: _____

_____ YES _____ NO Does your student have life threatening medical condition (e.g. asthma, diabetes, bee sting allergy, food allergy, etc.)? If so, medication and/or a care plan must be on file by the first day of school.

Allergies: _____

Chronic Condition(s): _____

Medication Taken Regularly: _____

CIRCLE YOUR HOSPITAL PREFERENCE: PULLMAN MOSCOW COLFAX

If I cannot be personally contacted, I hereby authorize any hospital, licensed physician and/or my child's personal physician to administer emergency treatment to my child in case of an accidental injury or sudden illness.

Parent or Legal Guardian: _____ Date: _____

Garfield-Palouse Schools

REQUEST FOR WAIVER OF SCHOOL ACCIDENT PLAN COVERAGE

I understand that my son/daughter cannot participate in after-school athletics unless he/she is covered by the school accident coverage plan or a personal accident plan, which meets minimum coverage provisions.

Please! All the information is needed.

Name of Insurance Company _____

Membership Number _____ I.D. Number _____

My son/daughter is covered by the insurance listed above and I will continue to keep it in force throughout the sports season; therefore, I do not wish to enroll _____
_____ in the school accident coverage plan.

I accept full responsibility for the cost of treatment for any injury, which my son/daughter may suffer while taking part in the program. Please permit him/her to take part in athletics and sporting events.

Parent's Signature: _____ Date: _____

GARFIELD-PALOUSE SCHOOL DISTRICT

STUDENT-PARENT/GUARDIAN WARNING

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

This warning form is designed to provide this school district with a degree of protection. It is not designed to deny the rights of an injured athlete. **OUR SCHOOL DISTRICT PROVIDES WIAA CATASTROPHIC MEDICAL INSURANCE COVERAGE TO PARTICIPATING STUDENTS.** Participation in WIAA sponsored interscholastic activities is all voluntary and extracurricular. As a condition to participation in these activities, you and your parent (s)/guardian (s) must understand THE RISKS involved in these kinds of activities.

“WARNING”

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

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

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

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

Date

Students Signature

Date

Parent/Guardian's Signature

Garfield-Palouse High School Athletic Department Participant Permission Form

Athlete's Name _____ Date _____

I am planning to turn out for each of the following sports: (Circle) I understand I can only turn out for one sport each season.

FALL	WINTER	SPRING
Football	Basketball	Baseball
Volleyball	Cheerleading	Softball
Cross-Country		Track

If a participant has an illness and/or injury, which are serious enough to require a physician's care, he/she must present his/her coach with a physician's release before resuming participation. An athlete may not participate in a game or practice if they are absent from school all or any part of the day. (If an athlete has a pre-excused absence it must be cleared through the office and his/her coach, if he/she is allowed to participate.

I give my consent for my son/daughter to participate in all the sports circled above. In the event of illness or accident, I authorize school personnel to approve emergency medical care, if parent is not available. I am aware that we are responsible for all medical expenses incurred.

I have also read and understand the **Handbook for Student Athletes*** with my son/daughter.

Athlete's Signature

Date _____

Parent's Signature

Date _____

*Located in school handbook, will be available at registration or from the Athletic Director.

Garfield-Palouse Schools

Safety Guidelines

This form will encompass all sports at Garfield-Palouse Schools

When a person is involved in any athletic activity, an injury can occur, especially in a contact sport. One should be aware that the information presented in these rules and procedures is to inform the athlete of proper techniques or the inherent dangers involved with activity. Not all potential injury possibilities are listed, but athletes should be aware that fundamentals, good instruction, proper-fitting equipment, and safe transportation are important to the safety and enjoyment of the sport. Participation in interscholastic activities is voluntary and extra-curricular. Safety guidelines forms for individual sports are on file with head coaches.

1. Proper warm-up is essential before strenuous activity takes place. Stretch properly before practice and /or contest.
2. Proper equipment for each sport, including headgear in those sports requiring such should always be checked thoroughly before each use and worn for each practice and/or contest.
3. Perform only those skills and techniques as instructed and/or supervised by your coach.
4. Transportation is available for all sports that use off campus practice sites. Travel to and from off campus game sites should take place in school approved transportation vehicles only.
5. Be aware of your surroundings, do not take unnecessary risk. Be especially careful when on "away" fields.
6. Contact your coach immediately if injured, no mater how slight.
7. A Video tape on safety will be available for viewing at registration or for check out to view at home if you are interested.

I have read the above information and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in sports.

Athlete's Signature

Date _____

Parent's/Guardian's 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):

PHYSICAL EXAMINATION

Optional

Age: _____ Pulse: _____
Height: _____ Blood Pressure: _____
Weight: _____ Visual Acuity: Left 20/_____
Right 20/ _____

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: _____