

MOUNT BAKER JUNIOR AND SENIOR HIGH SCHOOL ASB TRANSPORTATION RELEASE

Student Name _____ Date _____

The above named student is a participant on a Mount Baker Junior or Senior High School athletic team/squad who will occasionally, as a participant in such, be transported to and from a game/tournament/competition/contest, in a Mount Baker School District vehicle.

As a Parent/Guardian of the above named student, I hereby grant permission for said student to ride in District transportation driven by a Mount Baker School District employee who has been approved by the District to drive a District vehicle.

This permission is valid for the current school year, unless revoked in writing by parent/guardian, and that revocation is on file in the Mount Baker Junior High Office or Senior High School Athletics Office. If information changes, a new form should be completed and submitted by parent/guardian.

Parent/Guardian Signature

Date



STUDENT EMERGENCY INFORMATION

(Please print information legibly in ink and check appropriate boxes)

Student's Name _____ Date of Birth _____

YES NO

Does student have any potentially life-threatening* condition/allergy? (Example: severe allergy to a medication, bee sting or food, seizures, diabetes, heart condition). If yes, please explain condition and treatment _____

***If a life-threatening health condition exists, a health plan developed by the school nurse must be reviewed with the coach/advisor prior to the student beginning the sport/activity.**

Is the student taking any medication/treatment at this time that would impact participation in a sport? (Example: asthma inhaler) If yes, please explain: _____

PERSONS TO BE CALLED IN A MEDICAL EMERGENCY

Parent/Guardian _____ Home: _____ Work: _____ Cell _____

Emergency Contact (1) _____ Home: _____ Work: _____ Cell _____

Emergency Contact (2) _____ Home: _____ Work: _____ Cell _____

Student is covered by _____ Insurance Company

Family physician is _____
Name Address Phone

If above named parent/guardian or other emergency contact cannot be reached at the time of an emergency and if immediate observation or treatment is urgent in the judgment of school authorities, do you authorize and direct the school authorities to take or send the child (properly accompanied) to the hospital or doctor most easily accessible? I understand that I will assume full responsibility for the payment of any service rendered.

YES NO

Parent/Guardian Signature _____ Date _____

A COPY OF THIS PAGE IS GIVEN TO COACHES TO BE PLACED IN THE TEAM MED KIT

MOUNT BAKER SCHOOL DISTRICT
ATHLETIC ELIGIBILITY FORM



www.mtbaker.wednet.edu/athletics

School: MBHS _____ MBJHS _____ one Date _____ Grade _____

Student Name _____ Date of Birth _____

Street Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____
(if different)

PLEASE PRINT LEGIBLY IN INK

TO BE COMPLETELY CLEARED FOR ATHLETICS: (For both Practice and Competition)

- Read, complete, sign and return this form to the HS Athletics Office or JH Office, accordingly, or to the HS/JH Commons on Sports Clearance Day.
- Have a current doctor's physical (Physical is good for two years on approval from a physician)
- Purchase an ASB Card (HS) or Pay Activity Fee (JH)
- Pick up clearance card from Athletics Office or at Sports Clearance Night to give to the coach

NON-DISCRIMINATION FOR FINANCIAL ASSISTANCE ANNOUNCEMENTS
All applications for financial assistance programs such as student loans, work compensation, grants, scholarships, special funds, subsidies, prizes, etc., will be considered by the Mount Baker School District without regard to race, color, national origin, gender, or disability.

Title IX/RCW 28A.640 Officer & Section 504/ADA Coordinator:
Jim Frey
Mount Baker School District
P.O. Box 95
Deming, WA 98244
360-383-2000

NONDISCRIMINATION FOR SCHOOL PUBLICATIONS AND PUBLIC ANNOUNCEMENTS
The Mount Baker School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, gender, or disability in education programs, services, and activities. Inquiries regarding compliance and/or grievance procedures may be directed to the District's Title IX/RCW 28A.640 officer and/or Section 504/ADA coordinator.

FOR ADMINISTRATIVE USE ONLY

Physical Date _____

Expiration Date _____

ASB Card

Cleared by _____

ATHLETE PLEASE CHECK I INTEND TO TRY OUT FOR:

HIGH SCHOOL ATHLETE:

FALL: FB ___ G SOC ___ VB ___ XC ___ CHEER ___

WINTER: WR ___ BKB ___ CHEER ___

SPRING: TRK ___ B SOC ___ FP ___ BB ___ GO ___

JUNIOR HIGH ATHLETE:

SEASON 1: XC ___ FP ___ B SOC ___

SEASON 2: BKB ___

SEASON 3: VB ___ WR ___

SEASON 4: BB ___ G SOC ___ TRK ___

Revised for clarification—3/31/09

*This does not commit you to play a particular sport, but helps determine possible number of participants.

ATHLETIC CODE

I have received and read a copy of the Mount Baker School District Athletic Code, and I understand the expectations and standards relative to participation in the athletics program. I also understand the consequences of any violation of the code. (A copy of the code is given once in Junior High, once in High School and upon request)

WARNING & AGREEMENT TO OBEY INSTRUCTIONS

I am aware that playing or practicing to play/participate in **any sport** can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of playing or practicing to play or participate in interscholastic sports 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. I understand that the dangers and risks of playing or practicing to play or participate in interscholastic 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 to generally enjoy life.

Because of the dangers of participating in interscholastic sports, I recognize the importance of following coaches' instructions regarding playing techniques, training, safety instructions and other team rules, etc., and agree to obey such instructions. I further understand that by following the instructions provided by the MB School 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.

I further acknowledge that baseball, basketball, fastpitch, football, soccer, and wrestling are sports which involve sometimes violent person-to-person contact; and, therefore, the risk of injury in these sports is even greater than other sports.

I understand the following to be among the guidelines that I must follow:

1. Make certain that I wear all equipment that is issued by the coach. Advise the coach of any poorly-fitting or defective equipment.
2. Advise the coach if I am ill or have any prolonged symptoms of illness.
3. Advise the coach if I have been injured.
4. Engage in warm-up activities prior to strenuous participation.
5. Be alert for any physical hazards in the locker room or in or around the participation area. Advise the coach of any hazards.

SPORTS PARTICIPATION PERMISSION

I hereby request that my son/daughter be permitted to participate in: Please check (✓) appropriate box(es)

ANY SPORTS LISTED BELOW / OR ONLY THE SPORT(S) CHECKED BELOW:

- Baseball Basketball Cross Country Cheerleading Football Golf
 Soccer Softball Track Volleyball Wrestling

INSURANCE COVERAGE

I understand that the Mount Baker School District requires medical insurance for my child and that they provide the option to purchase student insurance from a private carrier (brochure available in JH/HS Office in August).

Check One: My medical insurance is _____ (name of company)

It covers high school athletics, and I do NOT wish to buy student insurance.

- I will purchase student insurance (must be submitted and confirmed by Insurance Co. before student can practice)
 I am enrolled in an insurance plan through WAHA (Whatcom Alliance for Healthcare Access).

CONTRACT SIGNATURES

(PLEASE PRINT LEGIBLY IN INK)

STUDENT SIGNATURE

I have read and understand ALL of the information provided on this form. I request the Mount Baker School District to allow me to participate in the sports I have identified on this form, including, but not limited to, trying out, practicing, playing, or otherwise participating.

Student Signature _____ Date _____

PARENT/GUARDIAN

My son/daughter meets the following requirements (check appropriate boxes):

- | YES | NO | | |
|--------------------------|--------------------------|---------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Age | The student meets the age requirement (under 19) for the school level. |
| <input type="checkbox"/> | <input type="checkbox"/> | Residence | The student resides in the Mount Baker School District. The student resides with natural parent(s), parent of legal custody, or court appointed guardian (any exception to this rule must have prior approval through the MB School District). |
| <input type="checkbox"/> | <input type="checkbox"/> | Academic | The student meets the academic requirements of the WIAA and the Mount Baker School District, passing 7 of 8 classes the previous semester. |
| <input type="checkbox"/> | <input type="checkbox"/> | Athletic Code | I have read the Mount Baker School District Athletic Code. |
| <input type="checkbox"/> | <input type="checkbox"/> | Amateur | The student is an amateur in good standing. |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical Exam | Written medical clearance from appropriately licensed physician is on file at school. (NOTE: If a physical will expire before the end of the season in which a student participates, a new physical will be required before the first game of that season.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance | The student has adequate insurance coverage. |

PARENT/GUARDIAN SIGNATURE

I, _____, am the parent/guardian of _____ (student).

I have read, completed required information where appropriate, and agree with the following:

- ◆ Mount Baker School District Athletic Code
- ◆ Warning and Agreement to obey instructions
- ◆ Mount Baker Junior and Senior High School Transportation Release

I understand that all sports and activities can involve **MANY RISKS OF INJURY**, including, but not limited to, those risks outlined. I request the Mount Baker School District permit my child/ward to try out for his/her school's athletic team(s) and to engage in all activities related to the team(s), including, but not limited to, trying out, practicing, or playing/participating in the sport(s) indicated on the previous page.

Parent/Guardian Signature _____ Date _____