



Aki Kurose
MIDDLE SCHOOL



DENNY



ECKSTEIN

MIDDLE SCHOOL



H

HAMILTON
INTERNATIONAL
MIDDLE SCHOOL



JAGUARS



Madison
MIDDLE SCHOOL



McCLURE
MIDDLE SCHOOL
HOME OF THE MAVERICKS



Meany
MIDDLE SCHOOL



Asa Mercer
INTERNATIONAL MIDDLE SCHOOL



ROBERT EAGLE STAFF
MIDDLE SCHOOL
Kavon



Washington
MIDDLE SCHOOL



Whitman Wildcats



TOPS
K-8 FALCONS



SOUTH SHORE
SEA DRAGONS



BLAINE
TIGERS



Louisa Boren
K-8 SCHOOL



Broadview-Thomson
K-8 SCHOOL



HAZEL WOLF K-8
where nature meets nurture



LICTON SPRINGS K-8



Orca
K-8 SCHOOL



PATHFINDER
K-8 School



Salmon Bay
K-8 SCHOOL



MIDDLE SCHOOL & K-8 ATHLETIC HANDBOOK

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OVERVIEW

Studies show that students participating in athletics have higher GPA's, better attendance, lower dropout rates, fewer disciplinary problems, higher graduation rates, and better success in college than non-participants. This is done by providing healthy, supervised after-school activities for students.

Athletic participation teaches teamwork, goal setting, discipline, sportsmanship, leadership, and other valuable life-skills, helping students become contributing members of their school and community as well as providing an important alternative to anti-social behaviors.

GOALS

Our vision is excellence in academics and athletics by connecting students to academics through an exceptional athletic program. To meet this vision, our goals are to:

- **Transform:** Provide an exemplary athletic program with maximum student participation.
- **Enable:** Utilize the individual, group skills and knowledge of our athletic coaches, teaching staff, and community to encourage excellence both in the classroom and on the playing field.
- **Operate:** Coordinate the operations of an all-encompassing athletic program at the secondary level.
- **Productivity:** Encourage academic and athletic excellence for all participating students.

THE FOLLOWING PAGES ARE DEDICATED TO MIDDLE SCHOOL & K-8
ATHLETICS. SEATTLE PUBLIC SCHOOLS ATHLETIC DEPARTMENT
RESERVES THE RIGHT TO UPDATE AND MAKE CHANGES AS DEEMED
NECESSARY.

Coaches, Athletic Coordinators & Administrators need to refer to the sport specific program
information presented at Head Coaches meetings to the most updated information.

RULES FOR THE MIDDLE SCHOOL ATHLETIC PROGRAM

1. **ELIGIBILITY.** In keeping with the belief that participation in athletic activities is a privilege and not a right, certain standards of eligibility have been established. Standards on age, residence and season limitations promote the Districts goals of fairness and equality of opportunity for all participants.
 - 1.1 Student must live within the Seattle Public Schools boundaries.
 - 1.2 Student must be assigned to the school for which he/she is playing.
 - 1.2.1 A Private and/or home-schooled student may play for the neighborhood public school they would be assigned, if, the private school does not have a team that competes with other schools in the designated sport, except for Ultimate Frisbee.
 - 1.2.1.1 Due to the high demand and partnership with Disc NW, only SPS students are allowed to participate in Ultimate Frisbee.
 - 1.2.1.2 It shall be the "receiving school's" responsibility to ensure that all private and/or home-school student meets all eligibility requirements.
 - 1.3 Students must complete the required forms needed for student participation.
 - 1.4 Students must have a current physical examination prior to participating in any practice or game (valid for 24 months).
 - 1.5 All student-athletes must be covered by the approved SPS Athletic Insurance Program or by a plan that is equivalent to or better than the approved plan.
 - 1.5.1 The equivalent insurance plan must provide benefits for loss due to a covered injury up to a minimum of \$25,000 for each injury including the following minimum provisions:
 - Surgery: 50% of usual & customary charges/\$12,000 max.
 - Physical Visits: \$40/day for first visit & \$25/day for following visits
 - Emergency Room: 60%
 - X-Rays: 60% or up to \$500
 - +MRI & CAT Scan: +80% or up to \$500
 - Dental: 100% of usual & customary charges/\$12,000 (all teeth)¹
 - 1.6 Athletic programs are open to all 6th, 7th & 8th grade students.

¹ Student Athletic Handbook

2. **PARTICIPATION.** Athletic Coordinators must use the following guidelines to determine if student athletes can be added to the "Official Team Roster" for participation:
- 2.1 Player eligibility will be based on a 2.0 grade average for all classes with no more than one core subject (math, reading, writing, social studies, or science) having a sub-2.0 grade at any time. Progress reports either written or via Power School must be reviewed and signed by a designated administrator, or the Athletic Coordinator prior to that week's game.
 - 2.1.1 Students must complete a "Student Athlete Progress Report" by end of the school day Thursday for the Athletic Coordinator to be able to complete the "Team Game Roster" for Saturday's game. In the event a teacher is absent, a student can submit a Power School (real time) copy of their grades if signed and approved by the designated Administrator or the Athletic Coordinator to confirm athletic eligibility.
 - 2.1.2 All Coaches must carry confirmation of their student's athletic eligibility (copies of weekly Team Game Roster) with them to the Athletic Event.
 - 2.1.3 For Special Education students only: the principal or their designee will work with the student's IEP team to determine eligibility standards.
*Weekly progress reports are still required.
 - 2.2 Student must not be under any disciplinary action to participate on Saturday game day including expulsion or suspension.
 - 2.3 Any player or coach displaying unsportsmanlike behavior, or any misconduct may be removed by an official, game site manager or school administrator, from the game and will not return during that game or the next game contest.
 - 2.4 Student must meet Team Coach's rules (example: practice requirements, study table, "Citizenship or Sportsmanship" rules that are established by the coach and approved by the Athletic Coordinator and/or Principal).
 - 2.5 Student may only participate in one sport per season.
 - 2.6 At the end of the regular season, there will be a one-day playoff to determine the champion for both the middle school and K-8 divisions.
 - 2.6.1 To be eligible for playoff participation, a student must participate in at least 75% of regular season games. ****Exceptions to the 75% rule include competitions missed due to illness, injury, ineligibility, or school led function.***
 - 2.6.2 The top four teams in each division will compete in two games the Saturday following the regular season. Seed #1 will play Seed #4 and Seed #2 will play Seed #3. The winners of both games will play for the championship.

- 2.6.3 Top four teams will be required to forward to the Athletic office copies of their weekly game day rosters to ensure the 75 % eligibility requirements of student athletes are met.
 - 2.6.3.1 Teams who fail to provide copies to Athletic office may forfeit their eligibility to participate in playoffs.
- 2.6.4 The remaining teams will play one playoff game to determine final ranking (example: 5 vs 6, 7-8 etc....)
- 3. **COACHES.** All Coaches including Volunteer Coaches must obtain clearance from the Athletic Dept. and District Human Resources Dept.
 - 3.1 **Head Coach.** Responsible for: planning school's JV & V programs, having two (2) days of practice and one (1) game day per week.
 - 3.1.1 Provided there is a minimum of 15 players for each team, Head Coaches will receive a stipend of \$1,268.
 - 3.2 **Assistant Coach.** Responsible for: assisting the Head Coach and participating in practice (two (2) days per week) and/or games (one (1) day per week) as assigned.
 - 3.2.1 Provided there is a minimum of 25 players for each team or a JV team, Assistant Coaches will receive a stipend of \$772.
 - 3.3 **Rosters.** Coaches must complete an Official Team Roster including the student's name, ID number, gender, grade, ethnicity and send their Roster to the Athletic Dept. before their first official game.
 - 3.3.1 On game days, Coaches must complete a Team Game Roster form, signed by the Principal and/or Athletic Coordinator and exchange a copy with the opposing team.
 - 3.3.2 Signed Team Game Rosters should be returned to the Athletic Coordinator the next school day following the game/match (typically Mondays).
 - 3.3.3 Any concerns regarding an opponent's official Team Game Roster should be reported to the Athletic Coordinator with the Athletic Game Protest Form.
 - 3.4 **Progress Reports.** All Coaches must carry copies of signed progress reports with them to the game/match. (see § 2.1.1)
 - 3.5 **Title IX.** At the conclusion of the season Coaches will be required to complete the Title X Team worksheet and return to the Athletic Coordinator.

PROGRAMS

4. **FALL - ULTIMATE FRISBEE.** This program creates an opportunity for team building and meaningful engagement through Ultimate Frisbee training and competitions.
 - 4.1 **When.** Ultimate Frisbee is a Fall Sport – September through November.
 - 4.2 **Where.** Practice will occur two-three (2-3) times per week for no more than 3.5 hours each week at student's respective school and/or Parks. Games will occur on Saturdays between 8am – 5pm at various SPS High School or Middle School sites.
 - 4.3 **Season Format.** For specific details and rules, go to www.discnw.org.
 - 4.3.1 There will be two (2) divisions (Middle School & K-8).
 - 4.3.2 There will be five (5) to seven (7) regular season matches for each school & two (2) weeks of post season play.
 - 4.3.3 Two (2) days of practice per week (or as determined by school), practicing no more than three and a half (3 ½) hours per week. Number of Co-Ed teams per school will be determined by school. **There shall be no practices occurring on non-school days or Wednesdays.**
 - 4.3.4 One (1) game day per week. Matches will occur on Saturdays.
 - 4.4 **Personnel.** Head coaches will be paid a stipend provided there is a minimum of 15 players for a team. Assistant Coaches are eligible for a stipend payment with 25 or more participants and/or a JV Team.
5. **FALL - GIRLS SOCCER.** This program creates an opportunity for team building and meaningful engagement through Soccer training and competitions.
 - 5.1 **When.** Girls Soccer is a Fall sport – September through November.
 - 5.2 **Where.** Practice will occur two-three (2-3) times per week for no more than 3.5 hours each week at student's respective school and/or Parks. Games will occur on Saturdays at designated schools and/or park sites.
 - 5.3 **Season Format.**
 - 5.3.1 There will be two (2) divisions (Middle School & K-8).
 - 5.3.2 There will be eight (8) to ten (10) matches per season including playoffs.
 - 5.3.3 Two (2) days of practice per week (or as determined by school). This may be adjusted to accommodate the lack of field or gym access, practicing no more than three and a half (3 ½) hours per week. **There shall be no practices occurring on non-school days or Wednesdays.**

- 5.3.4 One (1) game day per week. Games will occur on Saturdays. The standard soccer rules apply with two (2) thirty-five (35) minute halves and a ten (10) minute half time.
- 5.4 **Personnel.** Head coaches will be paid a stipend provided there is a minimum of 15 players for a team. Assistant Coaches are eligible for a stipend payment with 25 or more participants and/or a JV Team.
6. **WINTER – GIRLS & BOYS BASKETBALL** This program creates an opportunity for team building and meaningful engagement through basketball training and competitions.
- 6.1 **When.** Basketball is a Winter sport – November through Mid-March.
- 6.2 **Where.** Practice will occur two-three (2-3) times per week for no more than 3.5 hours each week at student's respective school. Games will occur on Saturdays at designated school sites.
- 6.3 **Season Format.**
- 6.3.1 There will be two (2) divisions (Middle School & K-8).
- 6.3.2 There will be eight (8) to ten (10) matches per season including playoffs.
- 6.3.3 Two (2) days of practice per week (or as determined by school). This may be adjusted to accommodate the lack of gym access, practicing no more than three and a half (3 ½) hours per week. **There shall be no practices occurring on non-school days or Wednesdays.**
- 6.3.4 One (1) game day per week. Games will occur on Saturdays. The standard high school basketball rules apply.
- 6.4 **Personnel.** Head coaches will be paid a stipend provided there is a minimum of 15 players for a team. Assistant Coaches are eligible for a stipend payment with 25 or more participants or a JV Team.
- 6.5 **Gym Site Managers.** Site Managers play an important role in ensuring that our athletic venues are ready to host interscholastic athletic competitions. Site Managers focus is to ensure that the competitions run smoothly and safely for all teams, staff, officials and fans.
7. **SPRING – BOYS SOCCER.** This program creates an opportunity for team building and meaningful engagement through Soccer training and competitions.
- 7.1 **When.** Boys Soccer is a Spring sport – March through June.
- 7.2 **Where.** Practice will occur two-three (2-3) times per week for no more than 3.5 hours each week at student's respective school. Games will occur on Saturdays at designated schools and/or park sites.

7.3 **Season Format.**

7.3.1 There will be two (2) divisions (Middle School & K-8).

7.3.2 There will be eight (8) to ten (10) matches per season including playoffs.

7.3.3 Two (2) days of practice per week (or as determined by school). This may be adjusted to accommodate the lack of field or gym access, practicing no more than three and a half (3 ½) hours per week. **There shall be no practices occurring on non-school days or Wednesdays.**

7.3.4 One (1) game day per week. Games will occur on Saturdays. The standard soccer rules apply with thirty-five (35) minute halves.

7.4 **Personnel.** Head coaches will be paid a stipend provided there is a minimum of 15 players for a team. Assistant Coaches are eligible for a stipend payment with 25 or more participants and/or a JV Team.

8. **SPRING – GIRLS VOLLEYBALL.** This program creates an opportunity for team building and meaningful engagement through volleyball training and competitions.

8.1 **When.** Girls Volleyball is a Spring sport – March through June.

8.2 **Where.** Practice will occur two-three (2-3) times per week for no more than 3.5 hours each week at student's respective school. Games will occur on Saturdays at designated schools and/or park sites.

8.3 **Season Format.**

8.3.1 There will be two (2) divisions (Middle School & K-8).

8.3.2 There will be eight (8) to ten (10) matches per season including playoffs.

8.3.3 Two (2) days of practice per week (or as determined by school). This may be adjusted to accommodate the lack of gym access, practicing no more than three and a half (3 ½) hours per week. **There shall be no practices occurring on non-school days or Wednesdays.**

8.3.4 One (1) game day per week. Games will occur on Saturdays.

8.4 **Personnel.** Head coaches will be paid a stipend provided there is a minimum of 15 players for a team. Assistant Coaches are eligible for a stipend payment with 25 or more participants or a JV Team.

8.5 **Gym Site Managers.** Site Managers play an important role in ensuring that our athletic venues are ready to host interscholastic athletic competitions. Site Managers focus is to ensure that the competitions run smoothly and safely for all teams, staff, officials and fans.

9. **SPRING – CO-ED TRACK.** This program creates an opportunity for team building and meaningful engagement through track training and competitions.
- 9.1 **When.** Track is a Spring sport – March through May.
- 9.2 **Where.** Practice will occur two-three (2-3) times per week for no more than 3.5 hours each week at student's respective school. Games will occur on Saturdays at designated schools and/or park sites.
- 9.3 **Season Format.**
- 9.3.1 There will be two (2) divisions (Middle School & K-8).
- 9.3.2 There will be four (4) meets plus Festival Weekend per season.
- 9.3.3 Two (2) days of practice per week (or as determined by school). This may be adjusted to accommodate the lack of field access, practicing no more than three and a half (3 ½) hours per week. **There shall be no practices occurring on non-school days or Wednesdays.**
- 9.3.4 One (1) day per week for meets. Meets will occur on Saturdays.
- 9.3.5 Events will run according to grade level.
- 9.3.6 Each athlete can participate in up to three (3) events. Each school can choose their representative for each event. **Please note, the format of the meets may change if the decision is made to have a preliminary meet or qualifier.*
- 9.4 **Personnel.** Head coaches will be paid a stipend provided there is a minimum of 15 players for a team. Assistant Coaches are eligible for a stipend payment with 25 or more participants.
8. **GUIDELINES FROM THE ATHLETIC OFFICE.**
- 8.1 The Athletic Office will provide schedules along with start and end dates for all sport seasons.
- 8.2 Scrimmages between schools are considered competitions and therefore not allowed.
- 8.2.1 Teams may be required to play an additional game during playoffs. This directive would come from the Athletic Office.
- 8.3 Participating schools are responsible for providing uniforms and equipment for their teams. In 2018, the athletic department procured an agreement with Adidas to provide each school with a discounted rate to purchase uniforms as well as a \$2,500 annual grant toward apparel.
- 8.4 Cuts to the athletic teams are allowed at the school's discretion. Please contact your school directly regarding your cut policy.

8.5 Divisions are as follows:

Middle School	K-8
Jane Addams	Catharine Blaine
David Denny International	Louisa Boren STEM
Robert Eagle Staff	Broadview Thomson
Nathan Eckstein	Licton Springs
Alexander Hamilton International	Orca
Aki Kurose	Pathfinder
James Madison	Salmon Bay
Edmonds Meany	South Shore
Worth McClure	TOPS
Asa Mercer	Hazel Wolf
Washington	
Whitman	

8.6 **Steering Committee.** The Middle School & K-8 Steering Committee is the governing body for MS & K-8 Athletic Programs. The Committee consists of the Assistant Director of Athletics for the District, an Executive Educational Director, Middle School Principals, Assistant Principals, Teachers and Coaches.

8.6.1 Their role is to recommend rules and policy changes for the MS Principals to vote and confirm.

8.6.2 The Steering Committee will make the final decision on any and all game day participation or appeals.

8.7 Any conflicts, disputes, or concerns shall follow the following process:

8.7.1 Should be resolved within the building at the Athletic Coordinator level. If there is no resolution;

8.7.2 Should be brought to the Principal of the school, and lastly;

8.7.3 Brought to the Steering Committee for final hearing and ruling. In person or written documentation shall be acceptable forms of communication for final ruling.

[REMAINDER OF PAGE LEFT BLANK INTENTIONALLY]

FORMS

MS & K-8 Head Sport Coaches | Expectations & Requirements

Under the general direction of the Principal and in coordination with the District Athletic Office, the coaches will plan, organize, manage, promote and evaluate a student sport activity program of the assigned school. Coaches will help implement changes, as appropriate to improve effectiveness of the school sports programs.

1. Distinguishing Characteristics:

- 1.1. Positions in this classification require the coach to perform all assigned duties in accordance with school policy;
- 1.2. To maintain current knowledge of the sport to be coached;
- 1.3. To manage the total sports program for their designated school;
- 1.4. To provide instruction and experiences for student-athletes which will enhance their personal growth;
- 1.5. Physical and social growth and development in a multi-ethnic environment;

2. Expectations & Requirements:

- 2.1. Keep up with current trends of sport knowledge and coaching technique in designated sports; maintain current knowledge of the governing policies, rules, regulations, procedures and eligibility requirements of the district.
- 2.2. Establish goals and objectives for the sports season in accordance with district philosophies.
- 2.3. Conduct appropriate meetings with students and families to promote the sport, explain requirements, issue and retrieve necessary forms.
- 2.4. Plan and conduct regularly scheduled practice sessions during the sport season beginning on the first allowable turnout date, emphasizing fundamental skills, safety, team play, sportsmanship and sport rules.
- 2.5. Ensure safety and welfare of participants; maintain emergency contact information as well as injury records and other athletic records as necessary.
 - 2.5.1. Report all injuries to principal and school nurse in an appropriate and timely manner.
- 2.6. Issue and retrieve athletic equipment; arrange for cleaning, repair, storage and inventory; hold athletes responsible for care and return of district owned equipment.
- 2.7. Update records of team and individual accomplishments; arrange for school athletic awards.
- 2.8. Promote the total sports program with student body; administration, teaching staff, and the school community; provides pertinent timely game information to the school community.
- 2.9. Evaluate the sports program and provides recommendations to the Principal and Athletic Coordinator for decision-making purposes.

MS & K-8 Head Sport Coaches | Expectations & Requirements

- 2.10. Submit all game scores, paperwork and miscellaneous needed information in their Athletic Coordinator and District Athletic office in a timely manner.
- 2.11. **Attend the league pre-season coaches meeting as they apply to the particular sport.**
- 2.12. Perform related duties as assigned by the District Athletic Office, Principal or Athletic Coordinator.
- 2.13. **Act professionally during games and practice. Serves as a role model for student athletes by using appropriate language and displaying good behavior.**
- 2.14. Read and understand the Middle School & K-8 Handbook.
- 2.15. Complete the Adult Sexual Misconduct training.
 - 2.15.1. Understands role as a mandatory reporter.
- 2.16. Complete a concussion course training.

I certify that I have received a copy of the expectations and requirements of a MS & K-8 Coach. I have read and understand the expectations and requirements of a MS Coach. I agree to adhere to the policies, expectations, requirements and procedures set forth therein by the SPS Athletic Department.

School:	Date:
Coaches Full Name:	Athletic Coordinator's Name:
Signature of Coach:	Athletic Coordinator's Signature:

MS & K-8 Athletic Coordinator | Expectations & Requirements

Under the general direction of the Principal and in coordination with the District Athletic Office, the Athletic Coordinator(AC) coordinates all student sports activity programs of the assigned school. AC's will also facilitate recommendations and implement changes, as appropriate to improve effectiveness of the school sports programs and provides lead direction to coaches and activity supervisors.

Duties & Responsibilities:

1. Communicates & coordinates student activities which include but are not limited to the following:
 - 1.1. Maintain a "Master Sports Activity" Calendar for school community to be able to access regularly.
 - 1.2. Works with the Athletic Office to schedule the use of athletic fields and other facilities for practices.
 - 1.3. Scheduling transportation needed to meet athletic commitments
 - 1.4. Maintains open communication between players, coaches, building and District Athletic Office.
 - 1.4.1. Respond to student and parent concerns.
 - 1.4.2. Inform principal and District Athletic Office of significant issues.
2. Promote and foster student participation in school sports activities:
 - 2.1. Coordinate and promote programs to provide student leadership and to recognize student achievement in athletic activities.
 - 2.2. Serves as a resource person regarding coaching and sports opportunities at school.
3. Interprets and ensures enforcement of the MS & K-8 League regulations:
 - 3.1. **Ensures clearance and eligibility of all coaches and players before they step on the court or field to practice or play in any type of sporting event.**
 - 3.1.1. Ensures all students have a current physical examination on file.
 - 3.1.2. Ensures all coaches (paid and volunteer) have been approved by District HR & Athletic Office.
 - 3.2. Completes weekly team eligibility academic roster for each teams' scheduled sporting event
 - 3.2.1. Ensures receipt of proper sport forms and maintenance of minimum GPA and code of conduct of all student athletes.

- 3.2.2. Holds all eligibility rosters from the regular season to ensure athletes eligibility for playoff games.
 - 3.3. Assists in the preparation of eligibility appeals and game protests.
- 4. Acting liaison between school's staff, the District Athletic Office coaches:
 - 4.1. Attend required Athletic Coordinator meetings and trainings.
 - 4.2. Coordinate activity publicity (see §1.1).
- 5. Coordinates the development of the school sports activity budget^[IKP1].
 - 5.1. Coordinate and promote fundraising opportunities for team equipment and uniforms.
 - 5.2. Ensures budget expenditures are in accordance with budget allocation and comply with both district and school procedures.
- 6. Determines sport activity equipment needs and orders equipment/supplies with input from coaches, school community and Principal as appropriate:
 - 6.1. Monitors the use, care and storage of sports equipment.
 - 6.2. Reports lost or stolen equipment to the Principal.
 - 6.3. Distributes equipment and supplies in accordance with school and district policies.
 - 6.4. Ensures inventory of equipment and monitors/maintains equipment records.
- 7. Performs duties assigned by the building Principal and District Athletic Office.
- 8. See Athletic Coordinator Checklist

I certify that I have received a copy of the expectations and requirements of a MS Athletic Coordinator. I have read and understand the expectations and requirements of a MS Athletic Coordinator. I agree to adhere to the policies, expectations, requirements and procedures set forth therein by the SPS Athletic Office.

School:	Date:
Athletic Coordinator's Name:	Principal's Name:
Signature of Athletic Coordinator:	Principal's Signature:

ATHLETIC COORDINATOR CHECK LIST

- ☐ Check in with the Athletic Office to see if any coaches' First Aid or CPR cards are close to expiring. **Email or meet with coaches whose paperwork is out of date
- ☐ At the start of each season email coaches to confirm whether or not they plan on coaching this year and relay any new information about the upcoming season.
- ☐ Advertise sports programs & open coaching positions to school community.
- ☐ If you are unable to fill open positions, fill out the Job Posting Request: Open Athletic Coach Position and send to the Athletic Office as soon as possible. Once posted, all applicants must apply via NeoGov.
- ☐ Set up athletic registration packets for school distribution during the first week of school.
- ☐ Complete equipment & uniforms inventory periodically throughout the school year (at the start of the school year, throughout the year, and at the conclusion of the school year).
- ☐ Request for funding help for 3rd coach's pay and equipment with your administration and PTSA.
- ☐ Field Use Requests are due to the Athletic Office several times throughout the year. Communicate with school building to set up practice facilities & times for each season.
- ☐ Check all student paperwork before they start practice **Making a master list of student paperwork is recommended
- ☐ Submit a coaches list to the Athletic Office two (2) weeks prior to the season start date.
- ☐ Attend Training Sessions (Head Injuries, Concussions and Sudden Cardiac Arrest).
- ☐ Submit team rosters to the Athletic Office
- ☐ Submit coaches' timesheets for pay, if needed. Original timesheets are due in the Athletic Office by the 15th of the month to ensure payment on the following 1st of the month.
- ☐ Email or call the Athletic Office before the seasons' first game if you will or will not be running a varsity or junior varsity team per sport season. Failure to advise will result in your team remaining on the schedule and reflecting "forfeits".
- ☐ Distribute any Athletic Office information to your coaches including meetings and rule changes.
- ☐ Complete weekly grade checks & game rosters by end of the school day on Friday. **Make sure coaches have these on hand at every game.
- ☐ Pre-season meeting with coaches (Fall, Winter, Spring) **Check out equipment; discuss expectations, & game schedule
- ☐ Post-Season meeting with coaches (Fall, Winter, Spring) **Check in equipment; discuss how the season went overall & improvements for the next season, completing coaching evaluations and forwarding a copy to the Athletic Office.

Coaches Name: _____

School: _____

Date: _____

COACH				
Excellent	Above Average	Satisfactory	Unsatisfactory	N/A

MIDDLE LEVEL COACHES EVALUATION WORKSHEET

EVALUATOR				
Excellent	Above Average	Satisfactory	Unsatisfactory	N/A

I. PROFESSIONAL PREPARATION & PARTICIPATION									
					A. Regularly attends Coaches Meetings.				
					B. Supports Coaches of other sports within the league.				
					C. Is competent in the technical areas of the sport.				

II. SAFETY & MEDICAL ASPECTS									
					A. Keeps emergency medical cards available for practice or games.				
					B. Accurately records injury data and forwards injury forms to Athletic office.				

III. PLANNING & ORGANIZATION									
					A. Participates in school athletic fund raiser (Adidas).				
					B. Informs parents in writing of team rules & regulations (Pre-Season Meetings & Parent Code of Conduct).				
					C. Collects and stores issued equipment in a timely fashion.				
					D. Maintains accurate inventory of equipment/supplies.				
					E. Emphasizes proper care of equipment.				
					F. Return equipment and uniforms at end of season.				

IV. INSTRUCTION & SUPERVISION									
					A. Works with team/individuals to develop appropriate goals (Player Code of Conduct).				
					B. Adjusts activities to suit interest/skill level of Athletes.				
					C. Uses practice times effectively.				
					D. Deals consistently with disciplinary problems in game and practice settings (refer back to Player Code of Conduct).				
					E. Gives clear instruction.				
					F. Encourages and models good sportsmanship.				
					G. Applies basic sport psychology where applicable.				

COACH				
Excellent	Above Average	Satisfactory	Unsatisfactory	N/A

MIDDLE LEVEL COACHES EVALUATION WORKSHEET (cont'd)

EVALUATOR				
Excellent	Above Average	Satisfactory	Unsatisfactory	N/A

V. PROGRAM MANAGEMENT & ACCOUNTABILITY									
					A. Advises parents, guardians and Athletes of training rules/codes/expectations with consequences in writing.				
					B. Respects and enforces the letter and intent of Middle School & K-8 rules/regulations/codes.				
					C. Ask questions on questionable matters.				

VI. SKILLS & CONDUCT									
					A. Has confidence and respect of student/Athlete.				
					B. Works successfully with Athletes in varied ability level.				
					C. Relates well to Teachers and supervisors.				
					D. Responds to player initiated questions in regard to playing time or other player related concerns.				
					E. Can communicate his/her philosophy to supervisors, parents and student/Athletes - Parent & Team meetings.				
					F. Treats Officials with respect.				
					G. Accepts and profits from constructive criticism				
					H. Uses spoken language correctly and effectively				
					I. Seeks opportunities to assume responsibility				

VII. PROGRAM PROMOTION & PUBLICITY									
					A. Uses media effectively to reward the effort of team/individuals				
					B. Regularly informs staff, community, and parents of events and success of the program.				

_____ Signed & Dated

_____ Coaches Signature

_____ Evaluator's Signature



STUDENT-ATHLETE REGISTRATION PACKET

School Year (YY-YY)

Section I: Student Information

Name: _____ Grade: _____
Last First Middle Initial (Current School Year)

Student ID: _____ Birth Date: _____ Gender: Female Male Other

Home Address: _____
Address Line City/State Zip

Parent/Guardian #1 Name: _____ Emergency Contact Number: _____
Email Address: _____

Parent/Guardian #2 Name: _____ Emergency Contact Number: _____
Email Address: _____

Section II: School Information

Check ALL that are TRUE. (This section pertains to current high school students only; middle school students should skip to the next section.)

I am currently enrolled at Ballard Franklin Lincoln Roosevelt
Chief Sealth Garfield Nathan Hale West Seattle
Cleveland Ingraham Rainier Beach

I am a first-time athlete at this school

I am attending another Seattle high school If yes, school name: _____

I played sports at a different high school last year If yes, school name: _____

I am a Private School Student If yes, school name: _____

I am a Home School Student I am a Running Start Student

I am a Foreign Exchange Student I am enrolled in less than 5 classes

My GPA is less than 2.0 My address changed in the last 6 months

Section III: Parent Consent of Sport Injury Risk

Students may participate in a maximum of three (3) sports, one per sport season. Please indicate your choice(s) by placing a check mark in the box next to the selected sport(s). **Please attach Sport Risk/Injury Parent Consent forms to approve each chosen sport for your student:**

Fall:	Cross Country	Football	Golf	G. Soccer	G. Swimming
	Volleyball (HS)	Ultimate Frisbee (MS)			
Winter:	Basketball	Gymnastics	B. Swimming	Wrestling	
Spring:	Baseball/Softball	B. Soccer	Tennis	Track	Volleyball (MS)

Section IV: Medical Information & Medical Emergency Authorization

Family Doctor: _____ Contact Number: _____

Preferred Hospital: _____ Contact Number: _____

Medications in Use: _____ List all allergies: _____

Emergency Contact #1: _____ Relationship to Student-Athlete: _____

Contact #1 Number: _____

Emergency Contact #2: _____ Relationship to Student-Athlete: _____

Contact #2 Number: _____

I hereby grant permission to the Athletic Trainer Sports Service Provider and Team Physicians, or other physicians designated by the named athletic school and Parent/Guardian to provide my child with any medical care or surgical care that they deem reasonably necessary to my child's health and well-being as a result of injuries or other medical conditions occurring as the result of or during athletic activities.

I further authorize the Athletic Trainer Sports Service Providers who are under the direction and guidance of a physician to provide my child with any preventive, first-aid, rehabilitative or emergency treatment they deem reasonably necessary to my child's health and well-being as a result of injuries or other medical conditions occurring as the result of/or during athletic activities.

(Continued from Page 1) If reasonably necessary to provide the care described in the preceding two paragraphs, I grant permission to the Athletic Trainer Sports Service Provider and/or school officials to seek necessary treatment at a hospital or health care center.



Date: _____

Parent/Guardian SIGNATURE

Section V: Mandatory Athletic Insurance

I understand that my student may not participate in boys' or girls' after-school athletics unless he/she is covered by the approved Seattle School District Athletic Insurance Program or by an equivalent plan which provides benefits for loss due to a covered injury with a minimum benefit of \$25,000 for each injury including the following minimum provisions:

- | | | | |
|--------------------|--|--------------------|---------------------|
| o Surgery | 50% of usual and customary charges/\$12,000 maximum | o Emergency Room | 100% |
| o Physician Visits | \$40 per day for first visit and \$25 for following visits | o X-Rays | 60% or up to \$500 |
| o Dental | 60% | o MRI and CAT Scan | +80% or up to \$500 |

Please check one of the options and then sign below

Option 1: My student is currently enrolled in the approved Seattle School District Student Accident and Health Insurance Program.

OR

Option 2: My student is covered by a plan that is equivalent or better than the above requirements and I will continue to keep it in force throughout the sports season; therefore, I do not wish to enroll my student in the Seattle School District Athletic Insurance Program (high school) or the Seattle School District regular school insurance program (middle school)

Name of Company Providing Coverage

Policy Number or Employee Name



Date: _____

Parent/Guardian SIGNATURE

Section VI: Physical Examination

Washington Interscholastic Activities Association (WIAA) regulation 18.13.0 requires that prior to the first practice for participation in interscholastic athletics a student shall undergo a thorough medical examination and be approved for middle level and/or high school interscholastic athletic competition by a medical authority licensed to perform a physical examination.

This physical examination must include, but is not necessarily limited to:

- o Documentation of a detailed review of the student's medical history with special attention to presence or absence of cardiovascular/pulmonary risks and/or previous significant injury and rehabilitation there from.
- o Documentation of satisfactory examination of the cardiopulmonary system.
- o Documentation of satisfactory sport-specific orthopedic screening examination.
- o A written statement by the examiner as to the fitness of the student to undertake the proposed athletic participation, together with suggestions for activity modification if necessary.

WIAA regulation 18.13.5 states that for each subsequent twenty-four **consecutive** months, the student shall furnish a statement or physical examination form signed by a medical authority licensed to perform a physical examination that provides clearance for continued athletic participation.



Date: _____

Parent/Guardian SIGNATURE

Section VII: Student Handbook Verification

The Seattle Public School Student Athletic Handbook is available online <http://seattleschools.org/athletics>. Select Forms, select appropriate grade level, and select School Forms. Hard copies of handbook are available upon request. I certify that I have been provided information to access the Student Athletic Handbook. I will carefully review the information contained in the handbook and I agree to adhere to the policies and procedures set forth therein.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date



Parent/Guardian SIGNATURE

Date

The Seattle School District provides Equal Educational and Employment Opportunity without regard to race, creed, color, national origin, sex, handicap/disability or sexual orientation.

If you have questions regarding the school district's Affirmative Action Policy, call 206-252-0371



PREPARTICIPATION HISTORY FORM

(DIRECTIONS: This form should be filled out by patient and guardian prior to seeing medical provider. Return to school for record/documentation.)

Name: _____ Exam Date: _____

Birth Date: _____ Gender: Female Male 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 (circle) and list specific allergy below.
Medicines Pollens Foods 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 High cholesterol Kawasaki disease A heart murmur A heart infection 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 on back page:

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

Signature of Athlete: _____ Date: _____

Signature of Guardian: _____ Date: _____



PHYSICAL FORM – EXAMINATION FORM

DIRECTIONS: This form must be completed by medical provider.* Return form following appointment for school record/documentation.

Name: _____ Exam Date: _____

Birth Date: _____ Gender: Female Male Sport(s): _____

MEDICAL PROVIDER 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?
- Do you or have you drank alcohol or used marijuana, tobacco or any other drugs during the past 30 days? • 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?

2. Consider reviewing "Yes" questions from History Form.

EXAMINATION

Height	Weight	Pulse
BP / (/)	Vision R 20/ L 20/	Corrected: Yes No

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	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL (Continued)	NORMAL	ABNORMAL FINDINGS
Neck			Hip/Thigh		
Back			Knee		
Shoulder/Arm			Leg/Ankle		
Elbow/Forearm			Foot/Toes		
Wrist/Hand/Fingers			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 with restrictions **OR** Not cleared for participation

- If restrictions are required or student-athlete is not cleared, complete attached form to document detailed restrictions and/or clearance guidelines.

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 guardian. 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 Medical Provider (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Medical Provider _____, *MD, DO, PA, ARNP, ND

*** Per WIAA, approved medical providers licensed to perform this exam include a Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP), Physician's Assistant (PA), and Naturopathic Physician (ND).



RESTRICTIONS FORM

(DIRECTIONS: If student-athlete is not fully cleared to participate, or if clearance to participate is contingent upon activity restrictions or modifications, completion of this form is required in addition to the Physical and History Forms. Form must be completed by medical provider* for injured athlete to participate in sport(s). Return form to school record/documentation.)

Name: _____ Exam Date: _____

Birth Date: _____ Gender: Female Male Sport(s): _____

Cleared for all sports with the following restrictions:

Not cleared

Pending further evaluation For any sports For certain sports: _____

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 guardian. 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 Medical Provider (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Medical Provider _____, *MD, DO, PA, ARNP, ND

ATHLETE/GUARDIAN REMINDER

Please return the following form to school. Copies can be made at school-site for the following:

Athletic Secretary/Athletic Director

School Nurse

School Athletic Trainer

* Per WIAA, approved medical providers licensed to perform this exam include a Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP), Physician's Assistant (PA), and Naturopathic Physician (ND).



PARENT/GUARDIAN RELEASE FORM

Basketball Safety Guidelines



Seattle Public Schools strives to protect each student-athlete from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student-athlete and others from injury and/or illness. Participants and their parents/guardians should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of Seattle Public Schools field trip policy and the activity coach.

Sport guidelines are as follows:

- Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
- Advise the coach if you are ill, have any prolonged symptoms of illness or if you have been injured.
- Engage in warm-up activities prior to strenuous participation.
- Be alert for any physical hazards in the locker room or in or around the participation area. Advise the coach of any hazards or concerns.
- Be aware of court surroundings (e.g., obstacles, projections, bleachers, standards, etc.)

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the **Basketball Program**.

I am aware that **basketball** is a high-risk sport and that practicing or competing in **basketball** will be a dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risk of practicing and competing in **basketball** include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risk of practicing or competing in **basketball** 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.

We agree that neither the school district, nor the staff of the Seattle Public Schools, nor the student organization of the Seattle Public Schools shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the District. We further agree that neither the District nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date



Parent/Guardian SIGNATURE

Date



PARENT/GUARDIAN RELEASE FORM

Soccer Safety Guidelines



Seattle Public Schools strives to protect each student-athlete from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student-athlete and others from injury and/or illness. Participants and their parents/guardians should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of Seattle Public Schools field trip policy and the activity coach.

Sport guidelines are as follows:

- Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment. (Shin guards are required.)
- Advise the coach if you are ill or have any prolonged symptoms of illness.
- Advise the coach if you have been injured.
- Engage in warm-up activities prior to strenuous participation
- Be alert for any physical hazards in the locker room or in or around the participation area. Advise the coach of any hazards or concern.
- Use equipment that complies with FIFA and/or WIAA rules (e.g., footwear, shin guards, etc.)
- Comply with soccer rules with special attention given to avoiding such violations as:
 - o Kicking or attempting to kick an opponent.
 - o Tripping an opponent.
 - o Jumping at an opponent.
 - o Charging an opponent from behind.
 - o Holding an opponent.
 - o Pushing an opponent.
 - o Striking or attempting to strike an opponent.
 - o Playing in a manner considered by the referee to be dangerous such as kicking at a shoulder-high ball when an opponent is trying to head it.

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the **Soccer Program**.

I am aware that **soccer** is a high-risk sport and that practicing or competing in **soccer** will be a dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risk of practicing and competing in **soccer** include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risk of practicing or competing in **soccer** 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.

We agree that neither the school district, nor the staff of the Seattle Public Schools, nor the student organization of the Seattle Public Schools shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the District. We further agree that neither the District nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date

☒ _____
Parent/Guardian SIGNATURE

Date



PARENT/GUARDIAN RELEASE FORM

Track & Field Safety Guidelines



Seattle Public Schools strives to protect each student-athlete from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student-athlete and others from injury and/or illness. Participants and their parents/guardians should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of Seattle Public Schools field trip policy and the activity coach.

Sport guidelines are as follows:

- Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
- Advise the coach if you are ill, have any prolonged symptoms of illness or have been injured.
- Engage in warm-up activities prior to strenuous participation.
- Be alert for any physical hazards in the locker room or in or around the participation area. Advise the coach of any hazards or concerns.
- Recognize the safety rules for restricted areas (e.g., javelin, discus, shot put, pole vault). These areas must be supervised.
- Stay on the designated running courses.
- Check equipment, apparatus, field and pits thoroughly before each use (e.g., debris in jumping pits, placement of standards, etc.).
- Be familiar with basic first aid treatment for heat exhaustion/stroke, sprained ankle, and other runner-related injuries.

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the **Track & Field Program**.

I am aware that **track & field** is a high-risk sport and that practicing or competing in **track & field** will be a dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risk of practicing and competing in **track & field** include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risk of practicing or competing in **track & field** 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.

We agree that neither the school district, nor the staff of the Seattle Public Schools, nor the student organization of the Seattle Public Schools shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the District. We further agree that neither the District nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date



Parent/Guardian SIGNATURE

Date



PARENT/GUARDIAN RELEASE FORM

Ultimate Frisbee Safety Guidelines



Seattle Public Schools strives to protect each student-athlete from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student-athlete and others from injury and/or illness. Participants and their parents/guardians should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of Seattle Public Schools field trip policy and the activity coach.

Sport guidelines are as follows:

- Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
- Advise the coach if you are ill, have any prolonged symptoms of illness or have been injured.
- Engage in warm-up activities prior to strenuous participation.
- Be alert for any physical hazards in the locker room or in or around the participation area. Advise the coach of any hazards or concerns.

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the **Ultimate Frisbee Program**.

I am aware that **ultimate frisbee** is a high-risk sport and that practicing or competing in **ultimate frisbee** will be a dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risk of practicing and competing in **ultimate frisbee** include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risk of practicing or competing in **ultimate frisbee** 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.

We agree that neither the school district, nor the staff of the Seattle Public Schools, nor the student organization of the Seattle Public Schools shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the District. We further agree that neither the District nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date



Parent/Guardian SIGNATURE

Date



PARENT/GUARDIAN RELEASE FORM

Volleyball Safety Guidelines



Seattle Public Schools strives to protect each student-athlete from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student-athlete and others from injury and/or illness. Participants and their parents/guardians should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of Seattle Public Schools field trip policy and the activity coach.

Sport guidelines are as follows:

- Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
- Advise the coach if you are ill, have any prolonged symptoms of illness or have been injured.
- Engage in warm-up activities prior to strenuous participation
- Be alert for any physical hazards in the locker room or in or around the participation area. Advise the coach of any hazards or concern.
- Be aware of court surroundings (e.g., obstacles, projections, bleachers, standards, etc.)

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the **Volleyball Program**.

I am aware that **volleyball** is a high-risk sport and that practicing or competing in **volleyball** will be a dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risk of practicing and competing in **volleyball** include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risk of practicing or competing in **volleyball** 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.

We agree that neither the school district, nor the staff of the Seattle Public Schools, nor the student organization of the Seattle Public Schools shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the District. We further agree that neither the District nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date



Parent/Guardian SIGNATURE

Date

Parent/Guardian Extracurricular Athletic Transportation Form



School Year: _____

Extracurricular Sport: (Circle those student wishes to participate)

Baseball/Softball

Football

Soccer*

Track/Field*

Wrestling

Basketball*

Golf

Swim/Dive

Ultimate Frisbee*

HS Sport Offered

Cross Country

Gymnastics

Tennis

Volleyball*

*MS Sport Offered

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

I am the parent or guardian of the student identified above. I wish for my student to participate in the elective extracurricular athletic program identified above.

I understand that practices or competitions for this elective athletic program may be conducted at a location away from my student's campus. I understand that in certain circumstances the District may provide transportation to and/or from such practices or competitions. In requesting that my student be permitted to participate in this elective athletic program, I agree that my student will ride in District-provided transportation when the District requires my student to do so. Exceptions will be allowed only for bona fide academic reasons (e.g. sixth period quiz), with my advance written authorization.

I further understand that in certain circumstances the District may not provide transportation for such practices or competitions. In requesting that my student be permitted to participate in this elective athletic activity, I agree that in those circumstances where the District will not provide transportation to such practices or competitions, I assume full responsibility for personally transporting my student, or for arranging transportation of my student, to and from such practices or competitions.

I acknowledge that if I elect not to personally drive my student to and from a practice for which the District does not provide transportation, any decision I may make to instead to allow my student to drive him or herself, or to ride in a vehicle driven by the parent or guardian of another student participant, or to ride in a vehicle driven by another student participant, is solely an exercise of my discretion as parent or guardian. I acknowledge that the assessment and decision whether it is safe to allow my student to drive to or from a particular practice, or to ride with another parent or guardian or student driving, is a family assessment and decision to be made by me or between me and my student.

By requesting permission for my student to participate in this elective athletic program, I agree that no person driving my student to and from an athletic practice for which the District is not providing transportation shall be considered an agent or servant of the District, in any respect or for any purpose, while driving my student to or from such a practice. Further, by requesting permission for my student to participate in this elective athletic program, I agree that should any claim be made against the District based on the driving conduct of any such person while that person is providing transportation for my student, I will defend, indemnify, and hold the District harmless as to such claim.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.



Parent/Guardian SIGNATURE

Date



Seattle Public Schools

Student and Parent/Guardian Concussion and Sudden Cardiac Arrest Awareness Form

Seattle 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 the Concussion Recognition, Management and Information Sheet and Sudden Cardiac Arrest Information Sheet you received. Refer to them regularly throughout the school year.

This form must be signed annually by the student and parent/guardian prior to participation in Seattle Public School athletics. If you have questions regarding any of the information from these provided materials, please contact the Athletic Director at your school.

I have received, read, and understand the information presented in the Concussion Recognition, Management and Information Sheet and Sudden Cardiac Arrest Information Sheet.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date



Parent/Guardian SIGNATURE

Date



Seattle Public Schools

Concussion Recognition, Management & Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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:

- | |
|---|
| <ul style="list-style-type: none">• 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 |
|---|

Concussion Information Sheet (Continued)

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 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.

RETURN TO PARTICIPATION PROTOCOL

If you 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.

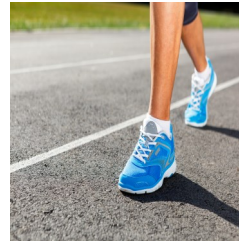
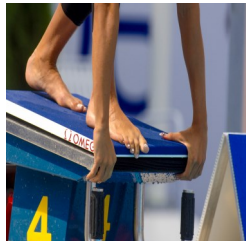
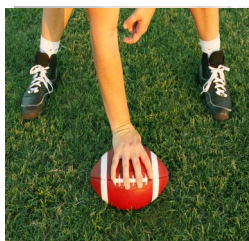


Sudden Cardiac Arrest

Awareness & Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



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
- 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 (gaspings). 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!



Cardiac 3-Minute Drill

1. RECOGNIZE

Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



Automated
External
Defibrillator

**Be Prepared!
Every Second
Counts!**

Student Accident Insurance is Now More Important Than Ever!

School Year
2017-2018



Despite your best efforts to protect them, children get hurt and out-of-pocket expenses for medical care can be significant.

- *Is your child already covered?*
- *Does your plan have large deductibles and co-insurance?*
- *Do you want to be able to see the doctor that YOU choose?*

Our Plans Can Help!

Arranged and Administered by:



myers | stevens | toohey

Determine the Plan(s) you want to purchase

You may go to the doctor or hospital of your choice!

Student Accident & Sickness Plan

Our Best Coverage!

Any students attending a participating school or school district may enroll in this plan. Covers Accidents and Sickness anywhere in the world, 24 hours a day, while your student is insured under this School Year's plan (including interscholastic sports, **except high school tackle football**). Remains Repatriation and Emergency Medical Evacuation benefits are included. This plan does not cover routine or preventative care except as mandated by state law.

Benefits are payable according to the "Description of Benefits" up to \$50,000 per Covered Sickness and \$200,000 per Covered Accident.

There is a \$50 deductible per Covered Accident or Covered Sickness.

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2017, provided the company receives the completed enrollment form and the required premium is paid. Coverage ends at 11:59 p.m. on July 31, 2018.

NOTE – Participation in commercial camps or clinics may be covered under this plan.

1st payment: \$139.00

(Covers remainder of month in which you enroll and 1 additional month)
Subsequent Payments: \$119.00 a month, billed every 2 months

Interscholastic Tackle Football Accident Plans

Students (grades 9-12) may enroll in these plans. Covers Injuries caused by covered accidents occurring

- While practicing or playing in interscholastic high school tackle football activities which are School-sponsored and directly supervised, including spring practice and summer conditioning, weight training and passing league
- While traveling for football in a School Vehicle or traveling directly and without interruption between School and off-campus site for such activities provided travel is arranged by and is at the direction of the School

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2017, provided the company receives the completed enrollment form and premium is paid. Coverage ends at 11:59 p.m. on July 31, 2018.

NOTE – Participation in commercial camps or clinics is not covered under these plans. See "Full-Time 24/7" plans. Practice or playing of football must be conducted under the regulations and jurisdiction of the applicable sports governing body.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$280	\$174	\$134

Full-Time 24/7 Accident Plans

Students (grades P-12 and school employees) may enroll in these plans. Covers Injuries caused by covered Accidents occurring 24 hours a day, anywhere in the world and while participating in all interscholastic sports except **interscholastic high school tackle football**.

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2017, provided the company receives the completed enrollment form and premium is paid. Coverage ends at 11:59 p.m. on July 31, 2018.

NOTE – Participation in commercial camps or clinics may be covered under this plan.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$273	\$171	\$117

School-Time Accident Plans

Students (grades P-12) may enroll in these plans. Covers Injuries caused by covered Accidents occurring

- On School premises during the hours and on days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while continuously on the School premises
- While participating in or attending School-sponsored and directly supervised activities including interscholastic athletic activities and non-contact spring football (**except interscholastic high school tackle football**)
- While traveling directly and without interruption to or from residence and School for regular attendance; or School and off-campus site to participate in School-sponsored and directly supervised activities, provided travel is arranged by and is at the direction of the School; and while traveling in School Vehicles at any time.

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2017, provided the company receives the completed enrollment form and premium is paid. Coverage ends at 11:59 p.m. on July 31, 2018.

NOTE – Participation in commercial camps or clinics is not covered under these plans. See "Full-Time 24/7" plans.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$68	\$50	\$32

Dental Accident Plan (\$150,000 Maximum)

Students (grades P-12) may enroll in these plans. Covers Injuries to teeth caused by covered Accidents occurring 24 hours a day, anywhere in the world, including participation in all sports and all forms of transportation.

Benefits are payable at 100% of the Usual, Customary and Reasonable charges for Treatment of injured teeth, including repair or replacement of existing caps or crowns. We do not pay for damage to or loss of dentures or bridges or damage to existing orthodontic equipment.

The coverage provides a "Benefit Period" of Accident dental benefits for up to one year from the date of first Treatment. The benefit period for an Injury may be extended each year, provided that: coverage is secured prior to October 1, the student remains enrolled in grades P-12, and written notice is received by the Company at the time of Injury that further Treatment will be deferred to a later date.

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2016, provided the company receives the completed enrollment form and premium is paid. Coverage ends at 11:59 p.m. on July 31, 2018.

\$21.00 purchased separately
\$17.00 when added to any plan(s) purchased

Pharmacy SmartCard™

Available to students, their families and school staff through our partnership with National Pharmaceutical Services (NPS), the SmartCard offers savings of up to **95%** of prescription drug costs and is accepted at over **63,000** pharmacies nationwide.

In addition, the program can provide "Instant Alerts" to potential medication interactions to better protect your family along with unique "Proof of Savings" reports mailed directly to you every six months.

After your payment has been processed, NPS will send you your ID card. Present your card each time you or a family member needs a prescription filled to receive your savings. For more detailed information, go to www.pti-nps.com or call 800-546-5677.

The SmartCard is not an insurance product and is not insured by ACE American Insurance Company.

\$36.00 for entire family, for one full year!

Affordable Rates

Call (800) 827-4695 With Questions

Determine the benefit level that best fits your needs

Description of Benefits

(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)

We will pay benefits only for covered Injuries sustained (or covered Sickness if this coverage is purchased) while insured under this School Year's plan. Benefits payable will be based on the Usual, Customary and Reasonable Charges incurred for covered medical and dental services, as defined by the Policy, subject to exclusions, requirements and limitations. We do not pay for a service or supply unless it is Medically Necessary and listed in the Description of Benefits below. Applicable benefits mandated by Washington will be included in the covered expenses. The covered person may go to any licensed provider of their choice however, seeking Treatment through a *First Choice* contracted provider may reduce your out-of-pocket costs.

To find participating *First Choice* medical providers nearest you, call 800-231-6935 or log on to www.fchn.com.

Covered Benefit Levels	Low Option	Mid Option	High Option	Student Accident & Sickness Plan
Plan Name	MAXIMUMS PER ACCIDENT			
Tackle Football Accident Plan	\$25,000	\$50,000	\$50,000	\$50,000 Maximum per Sickness
Full-Time 24/7 Accident Plan	\$50,000	\$100,000	\$150,000	\$200,000 Maximum per Accident
School-Time Accident Plan	\$25,000	\$50,000	\$50,000	
Deductible Per Covered Accident/Sickness	\$0	\$0	\$0	\$50
Covered Expenses	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Hospital Room & Board (semi private room rate) Paid up to:	60%	80%	100%	80%
Inpatient Hospital Miscellaneous Charges All other miscellaneous charges - Paid up to	\$600/Day	\$900/Day	\$1,600/Day	80% to \$4,000/Day
Intensive Care Unit - Paid up to	\$1,500/Day	\$1,800/Day	\$2,500/Day	80%
Hospital Emergency Room (room & supplies)	100%	100%	100%	80%
Outpatient Surgery, Misc. (room & supplies)	\$600	\$900	\$1,500	80% to \$4,000
Physician Non-Surgical Treatment & Exam (excluding Physical Therapy)				
First Visit	\$40	\$50	\$70	80%
Each Follow Up	\$25	\$35	\$45	80%
Consultation (when referred by attending Physician)	\$150	\$200	\$250	80%
Surgery	50% to \$12,000	70% to \$12,000	90% to \$12,000	80%
Assistant Surgeon Services	25% of Surgical Allowance			80%
Anesthesiologist Services	25% of Surgical Allowance			80%
Physiotherapy (includes related office visits) when prescribed by a Physician	\$30/Visit to \$500	\$45/Visit to \$600	\$60/Visit to \$700	80% to \$2,000
Diagnostic X-Ray Examinations	60% to \$500	70% to \$500	90% to \$500	80%
Diagnostic Imaging MRI, Cat Scan	80% to \$500	80% to \$700	80% to \$1,000	80%
Ambulance (from site of covered loss directly to hospital)	100%	100%	100%	80%
Laboratory Procedures and Registered Nurse Services	60%	80%	100%	80%
Braces and Appliances	60% to \$300	80% to \$500	100% to \$700	80% to \$1,000
Prescription Drugs	60%	80%	100%	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	60%	80%	90%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	\$300	\$300	\$300	80%
Medical Evacuation & Repatriation	\$0	\$0	\$0	100% to \$10,000

Benefits for Accidental Death, Dismemberment, Loss of Sight, Paralysis and Psychiatric/Psychological Counseling

(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)

In addition to medical benefits, if, within 365 days from the date of Accident covered by the policy, bodily Injuries result in any of the following losses, we will pay the benefit set opposite such loss. Only one such benefit (the largest) will be paid for all such losses due to any one Accident.

• Accidental Death	\$10,000
• Single dismemberment or entire loss of sight in one eye	\$20,000
• Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia	\$30,000
Counseling - In addition to the AD&D benefits, we will pay 100% of the Usual, Customary and Reasonable Charge of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to	\$ 5,000

Premiums Cannot Be Refunded Or Converted

Choose Your Own Doctor and Hospital

Instructions

To avoid any delay in coverage, please follow these 3 easy steps below:

- 2 Complete** and detach the enrollment form on the reverse side or you may enroll online (see below). Please note, we are unable to accept enrollments over the phone.

- If online enrollment is not available, you may either:

- PLEASE DO NOT SEND CASH**

You will be billed \$238.00 every 2 months thereafter.

A

2017 - 2018 Enrollment Form

Grade	
-------	--

Easy Enrollment

Frequently Asked Questions...

If I have other insurance, why do I need this coverage?

Our plans can expand your choice of providers for your child and can help cover deductibles, co-pays and other out-of-pocket expenses.

I'm in a hurry! What is the quickest way to enroll?

We offer online enrollment at

www.myers-stevens.com.

Simply click the orange "Enroll Now" button on the home page, complete the enrollment process and your ID card will be emailed to you immediately!

If my child has no other insurance, what's my best buy?

Unless you need coverage for high school tackle football, the *Student Accident & Sickness Plan* is our broadest, best option. Next best is the *Full-Time 24/7 Accident Plan* with "High Option" benefits.

Can I take my child to any doctor or hospital?

YES! However, your out-of-pocket costs could be less by using a *First Health* contracted provider. To find participating doctors/hospitals nearest you, call

800-226-5116 or log on to **www.myfirstthealth.com**

Are accident-only rates paid every month?

NO! Accident-only rates are one-time charges for the entire School Year.

Can interscholastic high school tackle football be covered?

YES! But only under the *Interscholastic Tackle Football Plan*. "High Option" benefits are recommended.

Do the *Interscholastic Tackle Football* or *School-Time* plans cover camps and clinics sponsored and organized by groups other than my child's school?

NO! However, such camps and clinics may be covered under our *Full-Time 24/7* or *Student Accident & Sickness* plans. Call us for guidance!

Still need help or have questions?

Go to www.myers-stevens.com or call us for prompt, personalized assistance at (800) 827-4695.

How To File A Claim

1. Report School-related Injuries within 72 hours to the School office. To find a *First Choice* provider nearest you, call 800-231-6935 or log on to www.fchn.com.
2. Obtain a claim form from the School or the Company. Claim forms must be filed with the Company within 90 days after the date of first Treatment.
3. At the same time, please file a claim with your other family sickness and/or Accident carrier.
4. Follow ALL claim form instructions, attach all itemized bills and send to:



Myers-Stevens & Toohey & Co., Inc.

26101 Marguerite Parkway

Mission Viejo, CA 92692-3203

949-348-0656 or 800-827-4695

Fax 949-348-2630

CA License #0425842

The Insurance Company

(Does not apply to the SmartCard)

CHUBB

ACE American Insurance Company

436 Walnut St., Philadelphia, PA 19106

2016 Best Rated A++ (Superior)

(A.M. Best rating ranges from A++ to D)

This rating is an indication of the company's

financial strength and ability to meet

obligations to its insureds.

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

Exclusions

Benefits are not payable under the Policy for any of the following or loss that results from:

1. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
2. War or any act of war, declared or undeclared.
3. Commission of, or active participation in a riot or insurrection; fighting or brawling, except in self defense; commission of or attempt to commit a felony; or other illegal activity.
4. Suicide, attempted suicide or intentionally self-inflicted injury.
5. Practice or play in interscholastic high school tackle football (unless separate football coverage is purchased), intercollegiate sports, semi-professional sports, or professional sports. (Does not apply to the Dental Accident Plan.)
6. Injury covered by Worker's Compensation, Employer's Liability Laws, or similar occupational benefits; Expenses payable by any automobile insurance policy without regard to fault.
7. Treatment by persons employed or retained by a school, or by any Immediate Family or member of the Covered Person's household; or covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
8. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical Treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food. (Does not apply to the Student Accident & Sickness Plan.)
9. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
10. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled Motor Vehicle not designed primarily for use on public streets and highways.
11. Treatment of detached retina (unless directly caused by an Injury), osteomyelitis or, pathological fractures. (Does not apply to the Student Accident & Sickness Plan.)
12. Any expenses related to the Treatment of tonsils, adenoids, or congenital weakness; or congenital anomalies and conditions arising or resulting directly there from.
13. Treatment of hernia.
14. Benefits are not payable under the Student Accident & Sickness Plan for a Sickness that is a "Pre-existing Condition" (a condition for which the Covered Person received medical Treatment, care or advice within 3 consecutive months before being insured under the Policy). But, this exclusion does not apply after the Covered Person has been insured under the Policy for 3 consecutive months or was insured under prior creditable coverage. This limitation does not apply if the Covered Person had prior creditable coverage within 63 days of the Insured Person's effective date of coverage under the Policy.

Student Accident & Sickness benefits are subject to a pre-existing condition limitation. Refer to Policy for definitions. This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including but not limited to, the payment of claims.

Requirements and Limitations

Aggravations of Injuries which did not occur while insured under this plan are paid up to \$500 maximum benefit per policy term. Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a motor vehicle are limited to a \$5,000 maximum benefit (up to \$10,000 if vehicle is a School Vehicle). Some motor vehicle Injuries are not covered - see exclusions above for details. School-time and high school tackle football injuries must be reported to the School within 72 hours of the date of Injury. The first Physician's visit must be within 365 days after the Accident occurs or Sickness commences. A claim form must be filed with Myers-Stevens & Toohey & Co., Inc. within 90 days after the date of loss or as soon as reasonably possible. The plan pays for covered expenses incurred within up to a year from the date of the first Treatment. However, should the Injury sustained require the removal of surgical pins, continued Treatment for serious burns, or Treatment of a non-union or mal-union fracture, the benefit period will be extended to 104 weeks. Each covered condition may be subject to a deductible - see plan details.

Definitions

Accident means a sudden, unexpected and unintended incident. "**Covered Accident**" means an Accident that results in Injury or loss covered by the Policy. **Injury** means accidental bodily harm sustained by the Insured that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. The Injury must be caused solely through accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **Medically Necessary** or **Medical Necessity** means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury and that, as determined by Us, are: (1) consistent with the symptom or diagnosis and Treatment of Injury; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured; and (4) the most appropriate supply or level of service that can be safely provided. When applied to the care of an Inpatient, it further means that the Insured's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **Sickness** means illness or disease contracted by and causing loss to the Insured Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Sickness. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Usual, Customary and Reasonable Charges - "**Usual**" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury. "**Customary**" means those charges made by the majority of providers in the area for the same or similar services or supplies. "**Reasonable**" means those charges that do not exceed the majority of the prevailing fees in the area for the same or similar services or supplies. "**Area**" means a county or larger geographically significant area as determined by Us. "**School Activities**" means an event or activity that is sponsored, authorized, and supervised by the School and is an official part of the School's curriculum or program.

Excess Provision

In order to keep premiums as affordable as possible, these plans pay benefits on a non-duplicating basis. This means, if a person sustains a loss covered under these plans that is covered under any other valid and collectable insurance, any amount payable or provided by the other coverage will be subtracted from the covered expenses, and we will pay benefits based on the remaining amount

IMPORTANT NOTICE: This Plan provides short-term limited duration sickness benefits. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov.

Premiums Cannot be Refunded or Converted

*For a brochure in Spanish, or for assistance in Spanish, please call 800-827-4695
Para un folleto en Español, o para asistencia en Español, por favor llame a 800-827-4695*

Call (800) 827-4695 With Questions

SPORT

*WH=White; BL=African American; AI=Asian; NA=Native American; LA=Latino; MR=Mixed Race

Student Athlete Progress Report

Student Name: _____

SPORT: _____

For students to be eligible to participate in athletic events and practice each week, they must have their grades listed for each class that they are taking. Please mark their academic and citizenship grade in the appropriate space and then initial below the grades you listed.

DUE EVERY THURSDAY TO THE ATHLETIC COORDINATORS MAILBOX!

Class	Circle Current Grade					Teacher's Signature	Notes
1 ST	A	B	C	D	E		
2 ND	A	B	C	D	E		
3 RD	A	B	C	D	E		
4 TH	A	B	C	D	E		
5 TH	A	B	C	D	E		
6 TH	A	B	C	D	E		

Athletic Participation Weekly Grade Request

Student Name: _____

SPORT: _____

For students to be eligible to participate in athletic events and practice each week, they must have their grades listed for each class that they are taking. Please mark their academic and citizenship grade in the appropriate space and then initial below the grades you listed.

DUE EVERY THURSDAY TO THE ATHLETIC COORDINATORS MAILBOX!

Class	Circle Current Grade					Teacher's Signature	Notes
1 ST	A	B	C	D	E		
2 ND	A	B	C	D	E		
3 RD	A	B	C	D	E		
4 TH	A	B	C	D	E		
5 TH	A	B	C	D	E		
6 TH	A	B	C	D	E		

TEAM GAME ROSTER

School: _____

Date: _____

Opponent: _____

Game Score:
School: _____

Opponent: _____

Team Roster

[illegible]

All coaches must have the signed original of this document from their AC to show the opposing teams coach for player verification before each game!

Any players crossed off by the coach or Athletic Coordinator were either ineligible to play or were not at the game to play, please initial next to players crossed off to verify absence.

This is the official list of approved players from the school AC for a weekly game, using submitted grade sheets and school behavior policies to determine eligibility.

This form must be returned to the school AC on Monday after the game has taken place.

School AC will file this form to be used later in the season to verify players are eligible for the playoff roster. Every player on the playoff roster must have played in at least 75% of the regular season games, not including any playoff games.

Principal Signature:	Athletic Coordinator's Signature:
Coaches Signature	Opposing Coaches Signature:

SPS MIDDLE SCHOOL & K-8 ATHLETICS GAME PROTEST

Sport _____ Division _____ Boys ☐ Girls ☐ Co-Ed ☐

School _____

Game Date _____ Game Site _____

Time of Protest _____ Score When Protested _____ Home ☐ Visitor ☐
(Qtr., Inning, etc.)

Home Team Name _____ Visiting Team Name _____

Official _____
(First) (Last)

I, _____ on behalf of _____
(Name) (School)

A) Wish to protest the above stated game because of: 1) ___ an ineligible player or 2) ___ a rule misinterpretation. I did notify the game official of the protest in accordance with the league rules and regulations. Stated below are the reasons why I am filing this protest. (**NOTE:** Please state the specific reasons why you believe the player to be ineligible or the specific rule or regulation that you believe was misinterpreted. The official scorekeeper is responsible for providing the game score sheet to the Assistant Athletic Director upon request.)

B) Want to document unsportsmanlike behavior by a player or coach. Stated below is a description of the event that has taken place. (**NOTE:** Please be specific in regards to name/number of student or coach)

(Use the back of this sheet if more space is needed.)

Coaches Signature _____ Date _____ Time _____

Team Manager's Address _____ City _____ Zip _____

Telephone: (home) _____ (work) _____

Athletic Directors Signature

Date

Time

Complete in triplicate: Retain 1 copy for your records.
Send 1 copy to District Athletics Office via school mail or email.
Send 1 copy to your Athletic Coordinator

School: _____ Head Coach: _____

Sport: _____ VARSITY _____ JV _____ C

Person Completing Worksheet: _____ Date: _____

TEAM WORKSHEET

ATHLETIC PROGRAM SELF-EVALUATION

Under Washington State law, school districts are required to conduct annual self-evaluations of their athletic programs to determine if they are providing equal athletic opportunities for both boys and girls.

As a coach, your input is very important to ensure that your district is aware of any issues or concerns you may have within your program. This worksheet will provide accurate information for your building athletic director or designee. The recommended practice for completing this evaluation is to work with your team's entire coaching staff.

1. Is there a fee (*specific to this sport*) to participate? ☐ Yes ☐ No
If Yes, list fee _____
2. What is the total budget provided by the Building and/or District? _____
3. Is there a Booster Club *specifically* for this team? ☐ Yes ☐ No
- If Yes, is there documentation that purchases/budget has been submitted to the building and/or district Athletic Director? ☐ Yes ☐ No

INTERESTS AND ABILITIES

1. Number of students who tried out this season: _____ Males _____ Females
2. Number of students who participated this season: _____ Males _____ Females

Concerns/Comments for Interests and Abilities:

EQUIPMENT AND SUPPLIES

(Does not include stationary equipment – i.e. field goals)

1. Equipment/supplies provided by Building or District:

- ☐ Uniforms, practice
- ☐ Uniforms, game
- ☐ Shoes
- ☐ Other: _____

- ☐ Sport specific equipment (i.e. bats, helmets)
- ☐ Weight training/conditioning equipment
- ☐ Rain gear/warm-ups

2. Overall quality of equipment/supplies:
 - ☐ Poor: Does not meet safety standards, excessive wear and tear
 - ☐ Fair: Meets safety standards, moderate wear and tear
 - ☐ Good: Meets safety standards, little or no wear and tear
3. Is there a lack of equipment/supplies for each athlete? ☐ Yes ☐ No

Concerns/Comments for Equipment/Supplies:

SCHEDULING OF GAMES AND PRACTICE TIMES

1. _____ # of practices (per week) _____ Average practice length (hours) _____ Time/day of practice
2. Season: ☐ Fall ☐ Winter ☐ Spring *Is this an alternate season? ☐ Yes ☐ No
An alternate season is a sports season other than the regular sports season designated by the WIAA Executive Board
3. _____ # of regular season contests
4. Meets [WIAA maximum number of contests](#)? ☐ Yes ☐ No
5. _____ # Home _____ # Away
6. What is "prime time" day/time for games? _____
7. How many contests occurred during "prime time" this season? _____

Concerns/Comments for Scheduling:

FACILITIES

PRACTICE FACILITIES

1. Does your team use a facility not on your school property (i.e. Field is located at a different school building) ☐ Yes ☐ No
2. Do you share your facility during practice time? ☐ Yes ☐ No
 If yes – how often? _____ (per week)
3. What is the overall quality of the facility (circle one)?
 - ☐ Poor: Does not meet basic standards – no access to restrooms, damage evident, etc.
 - ☐ Fair: Meets basic standards, but improvements needed.
 - ☐ Good: Meets basic standards, no improvements needed.

Concerns/Comments for Practice Facilities:

COMPETITIVE FACILITIES

1. Does your team use a facility for Home Competitions which are not on your school property (i.e. Field is located at a different school building) ☐ Yes ☐ No
2. Do you share your facility during game time? ☐ Yes ☐ No
If yes – how often? _____ (per week)
3. What is the overall quality of the facility?
☐ Poor: Does not meet basic standards – no access to restrooms, damage evident, etc.
☐ Fair: Meets basic standards, but improvements needed.
☐ Good: Meets basic standards, no improvements needed.

Concerns/Comments for Competitive Facilities:

LOCKER ROOMS AND STORAGE FACILITIES

4. Do you have access to a locker room? ☐ Yes ☐ No
5. What is the quality of the locker room facilities?
☐ Poor: Does not meet basic standards – security, damage evident, etc.
☐ Fair: Meets basic standards, but improvements needed.
☐ Good: Meets basic standards, no improvements needed.
6. Do you have access to a storage room to store equipment and supplies? ☐ Yes ☐ No

Concerns/Comments for Locker Rooms and Storage:

COACHING

1. Number of Paid Assistant Coaches: _____ Males _____ Females
2. Number of Volunteer Coaches: _____ Males _____ Females
3. **Total Coaches (including Head Coach)** _____ Males _____ Females
4. What is the number of athletes per coach for your team? _____ (e.g. 12 athletes to 1 coach)
5. How much time do you spend coaching student athletes each week? _____ (average # of hours)
6. How much preparation time do you spend preparing for practices/games? _____ (average # of hours)
7. How many years of coaching experience do you have in this sport? _____ Any sport? _____

Concerns/Comments in Coaching:

PUBLICITY

1. Who handles publicity and promotional activities for your team? _____
2. Which of the following are available to your team?

<input type="checkbox"/> Trophy cases	<input type="checkbox"/> Band at games (home)
<input type="checkbox"/> Banners/posters displayed	<input type="checkbox"/> Band at games (away)
<input type="checkbox"/> Radio/TV broadcasts	<input type="checkbox"/> Cheer/dance (home)
<input type="checkbox"/> Local Newspaper coverage	<input type="checkbox"/> Cheer/dance (away)
<input type="checkbox"/> Pep Rallies	<input type="checkbox"/> School newspaper coverage
<input type="checkbox"/> Other _____	<input type="checkbox"/> Reader board/marquee promotion
	<input type="checkbox"/> Programs

Concerns/Comments for Publicity:

MEDICAL AND TRAINING

1. Does your team have access to a training/weight room? ☐ Yes ☐ No
2. Which training/weight room does your team use? _____
3. Is access to the training/weight room on a drop-in basis or scheduled? ☐ Drop-in
☐ Scheduled
4. Are trainers provided for any events for your team? ☐ Yes ☐ No
5. Is there medical services provided for home events? ☐ Yes ☐ No
6. Does the district provide medical and/or accident insurance for student athletes on your team?
☐ Yes ☐ No

Concerns/Comments for Medical and Training:

TRAVEL AND PER DIEM

1. If practice or "Home Game" competition facilities are off-site (not on your school property), is transportation provided by the Building or District? ☐ Yes ☐ No
2. Is transportation provided by the Building or District for your team to attend away events?
☐ Yes ☐ No
- If No, what type of transportation is used to attend away events?
- _____
3. Does your team require overnight accommodations? ☐ Yes ☐ No
- If Yes, what types of accommodations are provided? _____
4. How many athletes share a room? _____
5. Are team meals reimbursed by your Building or District? ☐ Yes ☐ No
- If Yes, what is the rate per meal? _____

6. Has your team ever been denied any opportunities as a result of lack of funds for travel/accommodations? ☐ Yes ☐ No

Concerns/Comments for Transportation and Per Diem:

General Concerns/Comments not included above:

School: _____ **Date:** _____

Building Athletic Director/Designee: _____

BUILDING WORKSHEET

ATHLETIC PROGRAM SELF-EVALUATION

Under Washington State law, school districts are required to conduct annual self-evaluations of their athletic programs to determine if they are providing equal athletic opportunities for both boys and girls.

As the Building Athletic Director or Designee, your role is to collect the completed TEAM Worksheets to provide accurate information to complete the following questions. Your input will allow your District Athletic Director, Title IX Coordinator, or Designee to ensure that your district is aware of any issues or concerns you may have within your Building Program.

Interests and Abilities

Sport	Male Turn-out	Male Participant	Female Turn-Out	Female Participants
TOTAL:				

Enrollment (Oct. Count): Male _____ Female _____

1. Are cheerleading and dance participation numbers included in your participation rate reporting?
☐Yes ☐No
 - If yes, indicate the number of students participating in these activities: _____
 - If yes, does the cheer and dance program qualify as a sport under Title IX? ☐Yes ☐No
2. Are the members of one sex underrepresented in your interscholastic athletic program?
☐Yes ☐No
 - If yes, explain
3. Is there sufficient interest to develop a new team or an additional squad for an existing team?
☐Yes ☐No
 - If yes, explain
4. Any additional information about Interests and Abilities

EQUIPMENT AND SUPPLIES

1. Have you evaluated the comparability of equipment and supplies provided to the girls' and boys' teams?
☐Yes ☐No
2. Does the evaluation of equipment consider the following five factors –
 - a. Quality ☐Yes ☐No
 - b. Quantity ☐Yes ☐No
 - c. Suitability for the sport ☐Yes ☐No
 - d. Maintenance and replacement ☐Yes ☐No
 - e. Availability ☐Yes ☐No
3. Have you identified a difference between the equipment and supplies for the girls' and boys' programs?
☐Yes ☐No
If yes, explain
4. Any additional information about Equipment and Supplies

SCHEDULING OF GAMES AND PRACTICE TIMES

1. Have you evaluated the comparability of game and practice times (including "prime time") provided to the girls' and boys' teams? ☐Yes ☐No
2. Did the comparison of the scheduling of games and practice times identify any differences that favor teams made up of players of one sex? ☐Yes ☐No
 - If yes, explain
3. Any additional information about Scheduling of Games and Practice Times

FACILITIES

In this context, "Facilities" refers to a playing field, court, stadium, gym, pool, locker rooms, etc. "Competitive events" means games, meets, or matches involving teams from one or more other schools.

1. Have you evaluated the comparability of facilities (practice, competitive and locker rooms) provided to the girls' and boys' teams? ☐Yes ☐No
2. Did the comparison of facilities identify any differences that favor teams made up of players of one sex?
☐Yes ☐No
 - If yes, explain
3. Any additional information about Facilities

COACHING

1. Have you evaluated the comparability of coaches provided to the girls' and boys' teams in the following areas?
 - a. Rates of pay ☐Yes ☐No
 - b. Duration of contracts ☐Yes ☐No
 - c. Contract renewals ☐Yes ☐No
 - d. Nature of duties and responsibilities ☐Yes ☐No
 - e. Qualifications ☐Yes ☐No
2. Did the comparison of coaching identify any differences that favor teams made up of players of one sex?
☐Yes ☐No
 - If yes, explain
3. Coaches:

1. Number of Male Coaches (including volunteers)	
2. Number of Female Coaches (including volunteers)	
3. Number of Coaches provided for boys' teams (including volunteers)	
4. Number of Coaches provided for girls' teams (including volunteers)	

4. Any additional information about Coaching

PUBLICITY

1. Have you evaluated the comparability of publicity and support given to girls' and boys' teams?
☐Yes ☐No
2. Did the comparison of publicity identify any differences that favor teams made up of players of one sex?
☐Yes ☐No
 - If yes, explain
3. Any additional information about Publicity

TRAVEL AND PER DIEM

1. Have you evaluated the comparability of the travel and per diem arrangements provided to the boys' and girls' teams?
☐Yes ☐No
2. Did the comparison of travel and per diem arrangements identify any differences that favor teams made up of players of one sex? ☐Yes ☐No
- If yes, explain
3. Any additional information about Travel and Per Diem

MEDICAL AND TRAINING SERVICES

1. Have you evaluated the comparability of the medical and training services and facilities provided for girls' and boys' teams? ☐Yes ☐No
2. Did the comparison of medical and training services and facilities identify any differences that favor teams made up of players of one sex? ☐Yes ☐No
- If yes, explain
3. Any additional information about Medical and Training Services

Feedback for your District

1. What have been the most difficult problems in your efforts to provide equity in interscholastic athletic programs for both sexes as required by state and federal law?
2. What information, assistance or other resources could your district provide for you to support your efforts in providing equity in your interscholastic athletic programs?



Job Posting Request: Open Athletic Coach Position

Please complete the following information and submit this request to the Athletic Office via email (athletics@seattleschools.org).

Once this request is received, the Athletic Office will forward it onto Human Resources for processing, before it is posted onto the Seattle Public Schools website under "Job Opportunities."

Position Information

Date Requested: _____ School: _____

Sport: _____ Position: _____ Year: _____

Job Advertisement Opening Date: _____

Job Advertisement Closing Date: _____

Coaching Start Date: _____

Athletic Director Requesting: _____ Phone Number: _____

School Address: _____

Internal Information

Former Coach (Has Left Position): _____

Reason for Leaving: _____

If coach changing position, which position will coach now occupy? _____

If coach transferring schools, which school will coach now occupy? _____

No Additional Information to be Added to Posting

Additional Information to be Added to Posting:

Creating an Applicant Login Account:

Thank you for your interest in applying for a job opening in Seattle Public Schools. These instructions are meant to guide you through the process of creating an account if you don't have one. If you already have an account, please refer to the "Application Instructions" document.

Remember that you must apply online through our online jobs system in order to apply for the job.

Creating an Account:

- Visit <http://tinyurl.com/spsjoboppps> to go to our job opportunities page.
- On the lower left, follow the instructions for "First Time Users" and start with "Step 1: Go to Applicant Login."

The screenshot shows the Seattle Public Schools website. On the left, there is a calendar for April 2011. The main content area has a 'Welcome to the new Seattle Public Schools website!' message. Below this is a 'Job Opportunities' section with buttons for 'Search for Jobs', 'Internal Opportunities', 'Transfer Opportunities', 'Job Descriptions', 'Job Interest Card', and 'Applicant Login'. At the bottom, there is an 'Instructions' section with three columns: 'First Time Users', 'Apply Now', and 'Important Notes'. The 'First Time Users' column is circled in yellow and contains the following steps:

- Step 1: Go to [Applicant Login](#)
- Step 2: Click on Create an Account
- Step 3: Select a Username and Password. You will use this login

- You'll end up at a new link that says to create an account. Click that link:

The screenshot shows a page titled 'Are you registered?'. The text says: 'To apply online for a position, please [create an account](#) (registration is free). If you have already created your GovernmentJobs.com personal account, please login below.' Below this is a link to 'Online Employment Application Guide'. There is a login form with fields for 'Username:' and 'Password:', a 'Login' button, and a link 'I Forgot My Username and/or Password'. At the bottom, there is a link 'Not Registered Yet? Create Your Account Here!'. The 'create an account' link in the first paragraph is circled in yellow.



- Follow the steps on this page to create a new account (You can see a sample here: you want to make sure to pick a password and username that you will remember, and don't forget to write down your password so you remember it for later). Once you've filled it out, hit "save":

Request New Job Seeker Account

* First Name

Middle Initial

* Last Name

Primary Phone

Alternate Phone

* Email

* Notification Preference By which method would you prefer to be notified about application status, testing dates and examination results?

* Address 1

Address 2

* City

* State

* Zip

Country

* Username
Tip: Your usernames must be unique. Choose a Username that you can easily remember. You may use letters and numbers and the underscore "_". Example: john_doe25

* Password
Password must contain at least one letter (any case)
Password must contain at least one number
Password must contain at least one special character
Password must be at least 8 characters long

* Confirm Password

Password Hint
Tip: If you forget your password, you can click on [Lost Password](#) and you will receive an email to reset your password.

* Question #1

* Question #2

* Question #3

- Now that you've created your account, click "Create Application." This will allow you to create your account that you will use to apply to the job(s) that you are interested in.



Welcome, John Smith Help Logout

[Main Menu](#) [Application Status](#) [My Account](#)

Thank you for registering with GovernmentJobs.com. Your account is now active.

In order to apply for a position, you need to create an application first. Click on the 'Create Application' button and we'll guide you through the process.

[Create Application](#)

Applications You've Created

Name	Date Created	Modify
Tip: You do NOT need to recreate a new application every time you're applying for a position.		

- Name your application: If you are applying for teaching positions, you can name it "Teacher Application." If custodial, "custodial application" etc. The name is not extremely important, but it will help you reference the job in the future, and if you are applying to multiple jobs of the same type, it's likely the information you post will be similar. Once you've decided on a name, click "Create Application."

Welcome, John Smith Help Logout

[Main Menu](#) [Application Status](#) [My Account](#)

Build New Application

To create an application, enter the name of the application in the box below and click the 'Create Application' button. Keep in mind that you can create multiple applications, so choose a descriptive name for your application like **Educational Application** or **Accounting Application**.

Application Name (for your own reference):

[Create Application](#)

Tip: You can reuse this application to apply for as many positions as you'd like. You do **NOT** need to recreate a new application every time you're applying for a position.

- You're now taken to a new page, and you can see that most of your information is included already. Double check to make sure it's correct, and hit "Save and view application." You're not actually applying for a job **yet**, you're just creating the profile that will get you there. Click on "Save and View Application."

Job Application » Profile

* Required Field

[Cancel](#)[Save & View Application](#)**Contact Information*** First Name Middle Initial * Last Name Primary Phone Alternate Phone * Email * Notification Preference

By which method would you prefer to be notified about application status, testing dates and examination results?

* Address 1 Address 2 * City * State * Zip Country [Cancel](#)[Save & View Application](#)

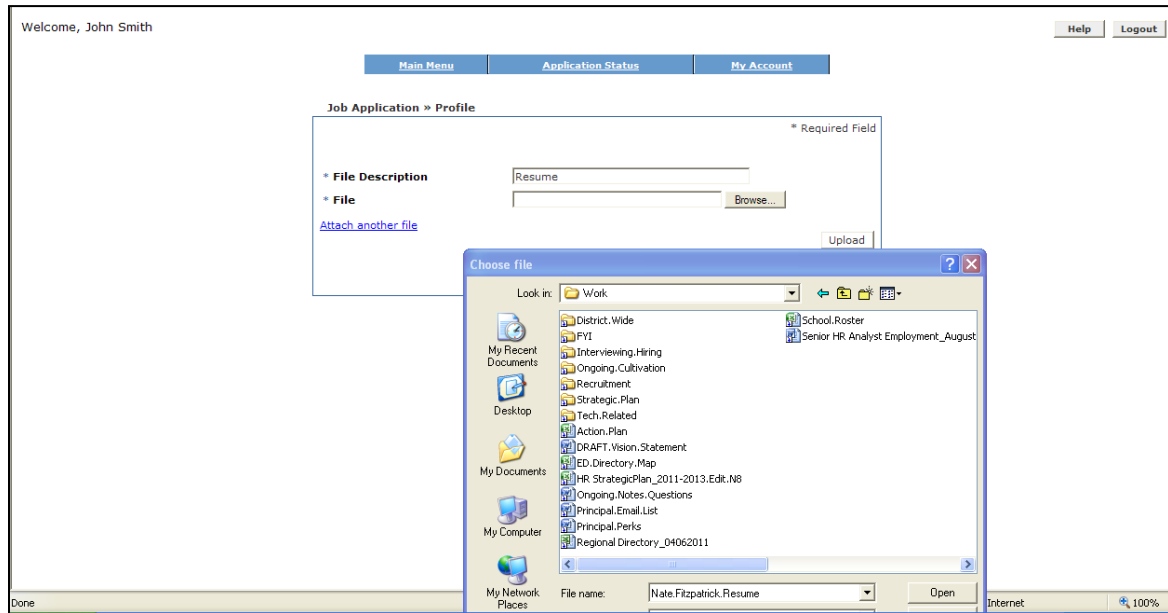
* Required Field

- Now that your basic information is entered, it's time to enter in specific information. You want to be sure to click on each link to set your driver's license, education, work experience, certificates or licenses, skills, additional information, references, and attachments. Click the "Add Attachment(s)" link to upload your resume and cover letter (make sure they're in word or .pdf form). It is not necessary to paste a text resume, but you are welcome to if you want.

Remember that you do not need to recreate a new application every time you're applying for a position, but you will want to revisit and update your resume, cover letter, and any additional attachments to reflect the specific job you are applying for.

Main Menu	Application Status	My Account
Job Application » Review		
* Required Field		
Contact Information		Edit Contact Information
Name:	John Smith	Address: 2445 3rd Ave S. Seattle, Washington 98134
		Email: nfitzpatrick@seattleschools.org
		Notification Preference: Email
Home Phone:	555-555-5555	Alternate Phone:
Personal Information		Edit Personal Information
Driver's License:		
Can you, after employment, submit proof of your legal right to work in the United States?		
What is your highest level of education?		
Preferences		Edit Preferences
Preferred Salary:		
Are you willing to relocate?		
Types of positions you will accept:		
Types of work you will accept:		
Types of shifts you will accept:		
Objective		
Education		Add Education
Work Experience		Add Work Experience
Certificates and Licenses		Add Certificates or Licenses
Skills		Add Skills
Office Skills Edit		
Typing: 0		
Data Entry: 0		
Additional Information		Add Additional Information
References		Add Reference
Resume		Edit Resume
Text Resume		
Attachments		Add Attachment(s)
* Required Field		

- When you click “add attachments,” it takes you to the page where you can upload your resume, cover letter, and any other additional files you may want for the job. Again, this is a page you will revisit if you want to apply for a specific job and change your cover letter to reflect that application. Click browse to find the file you want and then upload to upload the file. After that, click “attach another file” to add additional files:



- **CONGRATULATIONS:** Your profile is now complete. Please see the “Application Instructions” document for the steps you want to take now to apply for a specific job.

Student Athlete | Code of Conduct

Respect Yourself:

- ◆ I understand it is a privilege to represent my school, community and family as a student-athlete.
- ◆ I will attend all schedule practices and games unless I am excused due to extenuating circumstances.
- ◆ I will give 100% effort in practice, games and school events.
- ◆ I will serve as a role model by talking politely and courageously towards my coaches, teammates, opponents, officials and spectators of the game.
- ◆ I will display good sportsmanship. I will acknowledge and applaud the efforts of others and encourage my teammates with positive statements.
- ◆ I will accept responsibility for my behavior on and off the court/field.
- ◆ I will respect the rules of the game.

Respect Others:

- ◆ I will play fair.
- ◆ I will graciously accept defeat by congratulating my opponents on a game well played.
- ◆ I will respect people and things around me, including my teammates, parents, coaches, teachers, opponents and spectators of the game.
- ◆ I will not fight or attempt to injure anyone on purpose.
- ◆ I will not judge others according to their race, sex, religion, neighborhood, sexual orientation or ability.
- ◆ I will refrain from boasting to my teammates and "trash talking" opponents.

I hereby give my pledge to be a positive athletic student leader and accept responsibility for my participation in Seattle Public Schools athletics.

School: _____

Player: _____

Student Athlete Signature:

Date: _____

Parent/Guardian: _____



Parent & Supports | Expectations and Standards

Parents, Supporters and Spectators:

- ◆ Will lead by example and respect all players, coaches, umpires/officials, administrators & other spectators.
- ◆ Will remember we are there for the participants to enjoy the game.
- ◆ Will encourage participation but not force it.
- ◆ Will teach that enjoyment is more important than winning.
- ◆ Will NEVER ridicule mistakes or losses. We are there to support not downgrade.
- ◆ Will respect the facilities and equipment.
- ◆ Will not engage in physical or verbal intimidation, abuse or conduct towards any player, coach, official, umpire, or spectator. Such actions are totally unacceptable.
- ◆ Will condemn the use of violence in any form, whether it is by spectator, coaches, officials or players.
- ◆ Will not use information technology to make or post inappropriate comments against players, teams, officials, or league which is discriminatory or offensive. Information technology includes but is not limited to, email, instant messages, text messages, phone messages, digital images, website postings (facebook, twitter, Instagram, blogs)
- ◆ I understand officials play a vital role to Middle School & K-8 athletics and deserve the utmost respect at all times.
- ◆ I hereby give my pledge to be a positive example for our student athletes and accept responsibility for my actions as a spectator of Seattle Public Schools athletics.

Failure to meet these expectations and standards may restrict your ability to attend competitions.

School: _____

Player: _____

Parent/Guardian: _____

Date: _____

Parent/Guardian Signature:

Accident & Injury Reporting for Data Entry Purposes

All Accidents & Injuries must be recorded in eSIS, this form is meant for data entry purposes ONLY.

Student ID: _____

Sport: _____

First Name: _____

Event: _____

Last Name: _____

Accident Date & Time: _____

Accident

*Type: _____

*Physical Education: _____

*Cause: _____

*Interscholastic: _____

*Nature: _____

*Anatomical Location: _____

*Location: _____

A&I Site Address: _____

Description:

Contact Information

Date Reported: _____

Person in Charge: _____

Person Contacted: _____

How Contacted: _____

Contact Date: _____

Contacted By: _____

Narrative:

Witness

Name: _____

Phone: _____

Treatment

Where was the student taken? _____

Treatment: _____

Treated by: _____

Date: _____

911

Was 911 Called? _____

(If Yes) Procedure: _____

Narrative:

Student sent Home? _____

*Follow Up? _____

*** See Reverse for choices.**

Anatomical Location

Generalized
Skull, Scalp
Eye
Nose
Mouth
Jaw
Head
Neck
Spine
Chest
Abdomen
Back
Pelvis
Other Trunk
Shoulder
Upper Arm
Elbow
Forearm
Wrist
Hand
Finger
Hip
Thigh
Knee
Lower Leg
Ankle
Foot
Toe
Teeth
Other

A & I Cause

Struck by Object
Fighting
Slipped/Fell
Stabbed/Shot
Athletic Event
Classroom Accident
PE Class
Broken Glass
Explosion
Equipment Malfunction
Pushed

Types

Abrasion
Head Injury
Dislocation
Fracture
Laceration
Loss of Hearing/Sight
Sprain
Burn
Cut
Injury To Teeth
Puncture Wound
Allergic Reaction
Concussion
Bruised/Contusion
Other

Location

Classroom
Parking lot
Gymnasium
Hallway
Stairs
Outside school property
Lab/shop
Office
Other
Auditorium
Washroom/Shower Room
Lockers
Fence/Wall
Traffic Ed
Playground
Athletic Field/Pool/Courts
Cafeteria

Interscholastic Activities

Physical Education
Intramurals
Extramural
Interscholastic Practice
Interscholastic Game
Before School
Morning Recess
Lunch Period
Afternoon Recess
After School
Between Classes
During Class
Other

Nature of Injury

Amputation
Bruise, Contusion
Burn, Scald
Concussion
Cuts, Open Wounds
Skin Disease Disorders
Dislocation
Exposure, Frostbite
Fracture
Foreign Body
Heat Exhaustion
Dust Diseases of the Lungs
RespConditionDueToToxicAgent
Internal Injuries
Poison, Systematic Effect Of Toxic
Disorder Caused By Non Toxic Materi
Disorder Due To Repeated Trauma
Shock, Electrical
Shock, Fainting
Sprains, Strains
Suffocation, Strangulation
Drowning
Rupture, Hernia
Other

PE

Archery	Low Organized Games
Badminton	Modern Dance
Baseball	Roller Skating
Basketball	Skiing
Bowling	Soccer
Boxing	Softball
Calisthenics	Speedball
Cross Country	Swimming/Diving
Dance	Tennis
Football	Tetherball
Golf	Track and Field
Gymnastics	Tumbling
Hockey (field)	Volleyball
Hockey (floor)	Weight Training
Ice Skating	Wrestling

911

Follow up with Police
Follow up with Hospital
Follow up with Fire Department