

Skykomish Rockets

Athletic
Packet

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Athletic Information

Packet

Athlete Name: _____

Address: _____

Phone: _____

Grade: _____

Parent/Guardian Name (s): _____

Phone (home): _____

Phone (cell): _____

Rockets

Skykomish School
Athletic Contract

From: Skykomish Athletic Director

To: Skykomish Students and Parents

This is a contract between the participating student, parent team, coach and school district.

The following participation eligibility criteria applies to all Skykomish extracurricular activities, including but not limited to 8-12 Girls Varsity Volleyball, 8-12 Boys and Girls Varsity Basketball, 6-8 co-ed Middle School Basketball, 9-12 Varsity Cheerleaders, 6-8 Cheerleaders and Drama.

To be eligible to participate students must:

1. Be drug, alcohol, and tobacco free on and off campus.
A signed report from any district staff member or law enforcement officer will result in the consequences stated in the Student Handbook.
2. Have a current sports physical before turning out for practice.
Physicals are good for two (2) years.
Forms must be in the office.
3. Have sports insurance, either private or school – forms are available in the office.
Forms must be on file in the office.
4. Students involved in extra-curricular activities must be passing all classes to participate in the school sponsored events or contests.
Should a student be passing 5 of 6 classes, the student will be on probation for two weeks. Within the probation period, the student can still participate in contests, but the student, parent, teacher, and administrator will communicate to establish a "Success Plan." If the Student raises the grade to passing, the student is no longer on probation and will be eligible. If after the probation period the student is still failing a class, the student will be ineligible to participate in the next contest and will be ineligible until the student maintains all passing grades.

If passing 4 or less classes, the student is automatically ineligible for the next contest, and will remain ineligible until passing all classes. No probation period.
5. Attend school regularly.
A student must attend school for at least half a day to practice or play in a game (exceptions may be made for pre-arranged absence).
A student who is losing credit for a class or classes because of poor attendance will not be eligible for extracurricular activities.
6. Be a positive role model; for other students – display good behavior, positive attitude, and demonstrate responsible actions in school.
Coaches will be notified of all discipline reports concerning players.
Depending on the severity of the infraction, game suspension (s) could occur.

Signatures: Student: _____ Date: _____

Parent: _____ Date: _____

Superintendent: _____ Athletic Director: _____

MEDICAL EMERGENCY AUTHORIZATION FORM

TO BE COMPLETED BY PARENT AND RETURNED TO SCHOOL PRINICIPAL'S OFFICE

Name of Student Athlete: _____

As Parent or Legal Guardian, I authorize the team physician or in his absence or a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon he deems necessary to insure proper care of any injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

Name: _____ Date: _____
(Signature of Parent or Guardian)

Parent's Home Phone: _____ Business Phone: _____

Emergency Contact Person

Name: _____ Phone: _____

Relationship of contact person: _____

Family Physician's Name: _____ Phone: _____

Name of Family Insurance Company: _____

Policy number: _____



FOR SCHOOL USE ONLY:

Completed Form Received _____
Date Name

Duplicate Copy Distributed to: _____

On _____
Date

Insurance coverage by parents Yes ___ No ___ Unknown ___

One copy filed in Student's Permanent Record: _____ By: _____
Date Name

REQUEST FOR WAIVER OF SCHOOL'S ATHLETIC INSURANCE COVERAGE

To: Principal of Skykomish High School

RE: Student: _____ Date: _____

I, the undersigned, understand that the above named student cannot participate in interscholastic unless he/she is covered by accident insurance. We have accident insurance which will cover interscholastic athletics and do not wish to enroll our child in the basic insurance program offered by the school district. We accept full responsibility for the cost of treatment for any injury our child may suffer while participating in an interscholastic athletics program. I request that you waive enrollment in the school's basic insurance program, as a condition of permitting him/her to participate in the sport (s) of _____ during the current year. I realize that we still participate in the school's catastrophic plan.

Signature of Parent or guardian

The name of the company providing our medical insurance is: _____

_____, medical accident policy # _____

SPECIAL NOTE: Many plans do not cover interscholastic athletic injuries. Insurance coverage should be checked carefully before signing this waiver