

# REPEAT ELIGIBILITY INFORMATION – Islander Middle School

(For Students who participated in a sport in the current school year))

**For Winter 2011-2012 participation in sports, eligibility packets are due by: TBD.**

**For Spring 2012 participation in sports, eligibility packets are due by: TBD.**

Please complete this packet and return to the “Athletic Eligibility” box located in the student office. Please attach your \$40 check made out to Islander Middle School to this form. Any questions, please contact Deanna Haaland, (206) 230-6192, [deanna\\_haaland@misd.wednet.edu](mailto:deanna_haaland@misd.wednet.edu)

Today’s Date: \_\_\_\_\_

Athlete’s Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First)

Home Phone Number:

Parent Cell Number:

Parent Email Address:

Student Cell Number:

Student Email Address:

Sport turning out for:

Sport (s) PREVIOUSLY turned out for this school year in the fall and/or winter:

**FALL**       Cross Country       Volleyball

**WINTER**       Wrestling

At Islander Middle School, we strive to protect each student from possible injury while engaging in school activities. The guidelines which have been established for your athletic activity are in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, and safety procedures are important aspects of this training program which will be explained to them by their coach and to follow his/her standards. Please understand the importance of safety and how it relates to physical health. Be certain to ask the coach about the specific guidelines for your sport.

**IT IS UNDERSTOOD THAT THE PERMISSION, INSURANCE, AND HEALTH/PHYSICAL EXAM INFORMATION FROM THE INITIAL ELIGIBILITY PACKET ARE VALID FOR THE ENTIRE SCHOOL YEAR. I UNDERSTAND THIS AND MY SON/DAUGHTER HAS MY PERMISSION TO PARTICIPATE IN THE ABOVE MENTIONED SPORT.**

**IT IS ALSO UNDERSTOOD THAT THE ATHLETIC CODE, THE ACADEMIC CODE, THE CODE OF ETHICS AND SAFETY FORM SIGNED IN THE INITIAL ELIGIBILITY PACKET ARE ALSO VALID FOR THE WINTER AND SPRING SPORTS SEASONS.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MERCER ISLAND SCHOOL DISTRICT  
CONCUSSION AWARENESS INFORMATION

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"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul>	<ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul>
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**Signs observed by teammates, parents and coaches include:**

<ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays uncoordination</li><li>• Answers questions slowly</li><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can’t recall events prior to hit</li><li>• Can’t recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul>
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Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

and

“...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

I have watched the video link:

<http://www.wiaa.com/lystedt/default.htm>

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Sport(s) \_\_\_\_\_

## Athletic Medical Emergency Authorization Form

Name \_\_\_\_\_ Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

**Sport trying out for:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Gender** \_\_\_\_\_

Home Phone \_\_\_\_\_ Father's Wk. Phone \_\_\_\_\_ Mothers' Wk. Phone \_\_\_\_\_

Address: \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Emergency Contact Name (other than parent) \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Drugs allergic to: \_\_\_\_\_ **Date of Last Tetanus Shot** \_\_\_\_\_

Regular Medication \_\_\_\_\_ Chronic Illness \_\_\_\_\_

Significant Injuries or Illness (such as seizures, heart condition, fractures, concussions, or sport-related surgeries)

*Date Injury Location on Body Comment*

- 1.
- 2.
- 3.

Choice of Physician to be called in case of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Choice of Hospital to be used \_\_\_\_\_ Health Insurance Co. \_\_\_\_\_

*As parent or legal guardian, I authorize the team physician, team trainer, or the coach to render the necessary emergency procedure for any such injury. I would also authorize the above persons to provide the appropriate course of professional emergency care, such as Aid Car, EMS, or emergency room transportation, including consultation and treatment by a specialist (ie. a surgeon or other medical professionals). Every effort will be made to contact the parents or guardians of the nature of the problem and the treatment involved beforehand.*

**Signed** \_\_\_\_\_ **(Parent or guardian)**