



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



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



STUDENT ATHLETE REGISTRATION PACKET

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

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 ☐ Nathan Hale ☐ West Seattle
☐ Chief Sealth ☐ Garfield ☐ Rainier Beach
☐ Cleveland ☐ Ingraham ☐ Roosevelt
- ☐ 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 address changed in the last year

Section IV: 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 (MS/HS) ☐ G. Swimming
☐ Volleyball (HS) ☐ Ultimate Frisbee (MS)
- Winter: ☐ Basketball (MS/HS) ☐ Gymnastics ☐ B. Swimming ☐ Wrestling
- Spring: ☐ Baseball/Softball ☐ B. Soccer (MS/HS) ☐ Tennis ☐ Track (MS/HS) ☐ Volleyball (MS)

Section V: Medical Information & Medical Emergency Authorization

Family Doctor Name: _____ Contact Number: _____
Preferred Hospital: _____ Contact Number: _____
Medications in Use: _____ List all allergies: _____
Emergency Contact #1: _____ Contact #1 Number: _____
Emergency Contact #2: _____ Contact #2 Number: _____
Contact #1 Relationship: _____ Contact #2 Relationship: _____ School: _____

I hereby grant permission to the Athletic Trainer Sports Service Provider and Team Physicians, or other physicians designated by the above named 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.



STUDENT ATHLETE REGISTRATION PACKET

(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 VI: 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 (available for purchase online: www.myers-stevens.com/enrollment-page) 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 VII: 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 III: Student Handbook Verification

The Seattle Public School Student Athletic Handbook is available online: www.seattleschools.org/departments/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

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