2018-2019
RMS Athletics
Important Dates

Season 1 - September 10th - October 26th

Paperwork and Payment for Season 1 Due by Sept. 5th
Cross Country
Boys Basketball
Boys Tennis

Season 2 - October 29th - December 21st
Paperwork and Payment for Season 2 Due by Oct. 19th
Girls Badminton
Boys Soccer

Season 3 - February 4th - March 29th
Paperwork and Payment for Season 3 Due by Jan. 25th
Boys/Girls Wrestling
Girls Basketball

Season 4 - April 17th - June 2nd
Paperwork and Payment for Season 4 Due by March 29th
Track
Girls Tennis
Girls Volleyball

Athletic Forms are available at RMS Athletics window or online at:
https://www.lwsd.org/students-families/athletics

RMS ATHLETICS

PLEASE CHECK THE SPORT YOU ANTICIPATE PARTICIPATING IN THIS SCHOOL YEAR:

SEASON 1 Pymt/Paperwork DUE 9/5!

____ CROSS-COUNTRY – BOYS & GIRLS
____ BASKETBALL - BOYS
____ TENNIS – BOYS

SEASON 2 Pymt/Paperwork DUE 10/19!

____ BADMINTON – GIRLS
____ SOCCER – BOYS

SEASON 3 Pymt/Paperwork DUE 1/25!

_____ BASKETBALL – GIRLS
_____ WRESTLING – BOYS & GIRLS

SEASON 4 Pymt/Paperwork DUE 3/29!

_____ TRACK – BOYS & GIRLS
_____ TENNIS – GIRLS
_____ VOLLEYBALL - GIRLS

REQUIRED DOCUMENTS – PLEASE SUBMIT THE FOLLOWING:

____ SPORTS PHYSICAL– VALID FOR 2 YEARS FROM DATE OF EXAM. ***(COMPLETED AND SIGNED BY THE PHYSICIAN)***
____ ATHLETICS EMERGENCY FORM – YELLOW FORM -submitted once per school year ***(COMPLETED AND SIGNED BY STUDENT AND PARENT- IF INCOMPLETE, IT WILL NOT BE PROCESSED AND CAUSE DELAY IN CLEARANCE)***
____ READ ATHLETIC POLICY, PROCEDURES, AND CONCUSSION INFORMATION.

REQUIRED FOR ELIGIBILITY:

_____ PURCHASE AN ASB CARD ($25.00)
_____ PURCHASE ATHLETIC PRACTICE T-SHIRT ($20.00) – *required for practice*
_____ PAY THE ATHLETIC PARTICIPATION FEE* ($75.00): INDIVIDUAL CAP $150, FAMILY CAP $225
_____ MAINTAIN A PASSING GRADE IN ALL CURRENT SUBJECTS AND HAVE AT LEAST A A 2.0 GPA.
_____ NO OUTSTANDING FINES/FEES ***(TEXTBOOKS, LIBRARY BOOKS, PAID REQUIRED CLASS FEES, NETBOOK FINES)***

Participation Fees are non-refundable with exceptions for leaving due to illness or injury (doctor note required), or a move prior to the first competition. Conflict in schedules, transportation, homework load, and/or placement on team levels (Varsity, JV, Regionals, etc.) does not warrant a refund.

~Fees can be made online by logging into Parent Access or you can send a check to school, payable to RMS.

This is to certify that we, the undersigned, have read and understand the Lake Washington School District Middle School Athletic Code and Activities Policy and Concussion Sheet.

***X*_____**
Student signature and date

***X*_____**
Parent signature and date

LAST NAME _____ FIRST NAME _____ GRADE _____

RMS Athletics Practice Shirt Order

Student Full Name: _____

(please print clearly)

Sport: _____

Practice T-shirt orders are due when you turn in your paperwork/payment.

Circle the correct size.

Size: **Sm Md Lg XL XXL (all sizes adult)**

Cost: **$20.00**

Total due = _____

~Make checks payable to Redmond Middle School or pay ONLINE via Parent Access (if paying online, please print receipt attach it to this flyer and submit to RMS Athletics/ASB window).

S1: XC BBB BT
S2: SOCCER B BDM
S3: GBB W
S4: V GT T

Lake Washington School District No. 414

ATHLETICS EMERGENCY INFORMATION

Student's name _____ Date of Birth _____

Student's cell phone number:_____ Student's Email_____

Parent/Guardian's name _____ Address _____

Home Phone: _____ Father's Phone: _____ Mother's Phone: _____

Parent Email_____

Name of Insurance Company: _____Policy Number: _____

Two persons you recommend we call in the event you cannot be reached:

Name & Relationship: _____Phone: _____

Name & Relationship: _____Phone: _____

Hospital Preference:_____

Physician Preference - Name: _____Phone: _____

Date of last Tetanus Booster: _____Allergies: _____

MEDICAL AUTHORIZATION: As a parent or legal guardian, I authorize a qualified physician to examine the above named student in the event of an injury to administer emergency care and arrange for any consultation by a specialist, including a surgeon, deemed necessary to ensure 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.

Parent/Guardian Signature: _____Date: _____

PERMISSION TO SHARE INFO/PHOTOS WITH MEDIA (circle) LWSD only Local News None

Revised/Reviewed 5/2013

Lake Washington School District

Lake Washington School District

Middle School Sports Physical Examination Clearance

ASB fee paid: _____
Sports fee paid: S1 S2 S3 S4
Family paid: _____

Student's name _____
(Last) (First) (MI)

Gender ☐ Male ☐ Female Date of Birth _____ Grade _____

Primary parent/guardian _____ Email _____

Primary phone # _____ Secondary Phone # _____

Secondary parent/guardian _____ Email _____

Primary phone # _____ Secondary Phone # _____

Physician _____ Phone _____

Physical Examination/Clearance (*completed by physician only*)

Medications _____

Vision _____ Height _____ Weight _____
Eyes _____ BP _____ HR _____ UA _____
Ears _____ GI / GU _____
Nose _____ Allergies (food/medicines) _____
Teeth _____ Skin _____
Heart _____ Musculoskeletal _____
Lungs _____ Neurological _____

Do you know any reason why this child should not participate in the athletic programs in the Lake Washington School District?

☐ No ☐ Yes If yes, please explain _____

Assessment: ☐ Full Participation ☐ Limited Participation (describe limitations below)

Physician's signature _____ Date of exam _____

Health History – check all that apply (*To be completed by parent/guardian*)

Asthma ☐ Convulsions ☐ Neck or back surgery ☐ Contact lenses ☐
Concussion ☐ Heart problems ☐ False teeth or bridge ☐
Epilepsy ☐ Dehydration problems ☐ Abnormal bleeding ☐
Sprains/strains/fractures _____
Anything else _____
Current medications _____
Preferred hospital _____

Emergency Contact: (Relative or neighbor) _____ Phone #: _____
Other phone numbers where we can reach you in emergency _____

Insurance Information: I have medical coverage for doctor's services and hospitalization and will continue to keep it in force throughout the sports season. I accept full responsibility for the cost of treatment for any injury my student may suffer while participating in the athletic program.

Insurance Company Name _____ **Policy #** _____

Medical Authorization: As a parent or legal guardian, I authorize a qualified physician to examine the above named student in the event of an injury to administer emergency care and arrange for any consultation by a specialist, including a surgeon, deemed necessary to ensure 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.

We certify that we have read, understand, and agree to the following:

Refund policy (student initials) _____ (parent initials) _____
Athlete Drug, Alcohol, Tobacco, Hazing & Conduct Codes (student initials) _____ (parent initials) _____
Concussion Sheet- Lysted Law (student initials) _____ (parent initials) _____

By signing below I agree that all information provided is true and correct.

X _____ X _____ _____
Student signature Parent signature Date

Updated 6/2014