

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!

SEASON 3 Pymt/Paperwork DUE 1/25!

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

- BASKETBALL – GIRLS
- WRESTLING – BOYS & GIRLS

SEASON 2 Pymt/Paperwork DUE 10/19!

SEASON 4 Pymt/Paperwork DUE 3/29!

- BADMINTON – GIRLS
- SOCCER – BOYS

- 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

Lake Washington School District



Middle School Sports Physical Examination Clearance

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 _____

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

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

Lake Washington School District No. 414

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

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

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).**