

Redmond Middle School Athletics Season Dates 2019-2020

Season 1	Season 1 Dates	Forms and Payment DUE @ noon	Photo Day
Boys Basketball	9/9/19 - 10/25/19	Friday, Sept. 6th	Thursday, 9/19
Boys/Girls Cross Country	9/9/19 - 10/25/19		
Boys Tennis	9/9/19 - 10/25/19		

Season 2	Season 2 Dates	Forms and Payment Due @ noon	Photo Day
Girls Badminton	10/28/19 - 12/20/19	Friday, Oct. 11th	Thursday, 11/7
Boys Soccer	10/28/19 - 12/20/19		

Season 3	Season 3 Dates	Forms and Payment Due @ noon	Photo Day
Girls Basketball	2/3/20 - 3/27/20	Friday, Jan. 17th	Tuesday, 2/11
Boys/Girls Wrestling	2/3/20 - 3/27/20		

Season 4	Season 4 Dates	Forms and Payment Due @ noon	Photo Day
Girls Tennis	4/13/20 - 6/5/20	Friday, Mar. 20th	Thursday, 4/23
Boys/Girls Track	4/13/20 - 6/5/20		
Girls Volleyball	4/13/20 - 6/5/20		

Intramurals - 2 Sessions

(Intramurals are not part of Season Sports)

Sport	Intramural Dates	Forms and Payment Due @ noon	Costs for both sessions
TBD	1/6/20 - 1/17/20	Friday, 12/6	\$50
TBD	1/21/20 - 1/31/20		

Cost per season \$75 + ASB membership \$25 (ASB paid once per school year)
 Individual student cap \$150 Family cap (if more than 1 student attends RMS) \$225

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 3 Pymt/Paperwork DUE 1/25!

- BASKETBALL – GIRLS
- WRESTLING – BOYS & GIRLS

SEASON 2 Pymt/Paperwork DUE 10/19!

- BADMINTON – GIRLS
- SOCCER – BOYS

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

Middle School Sports Physical Examination Clearance

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

Gender: Male Female Date of Birth _____ Grade _____

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

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.

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

REDMOND MIDDLE SCHOOL ATHLETICS CONTRACT

ATHLETE'S NAME: _____ **GRADE:** _____

(**LAST NAME**) (**FIRST NAME**)

In order to participate in Redmond Middle School Athletics, please read the following the rules and regulations listed below:

Refunds

- ✓ District policy only provides a refund for athletes that are moving or are injured (medical note required)
- ✓ Refunds will NOT be provided if students cannot make practices, did not make the desired team etc.

Pick-Up

- ✓ Athletes will need to be picked up no later than 15 minutes of the end of practice/competition
- ✓ Multiple instances of the athlete not being picked up within 15 minutes will result in removal from the team.

Away Games

- ✓ Athletes must sign out from away sporting events with their coach.
- ✓ Failure to do so will result in no longer being allowed to use bus transportation for away sporting events or travel with the team. Parents will need to provide transportation and supervision to attend.

Grades

- ✓ During the season you are expected to keep all your grades at a D, or higher.
- ✓ If you have a F in any of your classes and have not brought your grade up to the minimum requirement of a D, you will then be suspended from the team until the grades have been improved to meet the requirements.

Absences

- ✓ **School Policy**
 - **Must attend a minimum of 3 periods (1/2 day of school) to be eligible to play or practice for that day.**
 - **One unexcused absence from practice will result in a 1 game suspension.**
 - **Second unexcused absence from practice will result in removal from the team.**
- ✓ **Communication**
 - **It is the responsibility of the athlete to notify the coach of an upcoming excused absence.**
 - **If an athlete is out sick during the day, we encourage the athlete or a parent to notify the coach.**
- ✓ **Acceptable Excused Absences include:**
 - **Family Emergencies, Family Trips, Dr. Appointments, Sickness, Academic Appointments**
- ✓ **Unacceptable Excuses to miss practice/games include:**
 - **Participation of another activity or sports organization.**
 - **Too busy to participate. (if you are feeling overwhelmed or have too much on your plate, contact a coach for support)**

School Behavior

- ✓ **Lunch Detentions:** These are given because of negative behavior choices anywhere on campus
 - **One Lunch Detention will result in a meeting with the Coach.**
 - **Second Lunch Detention will result in a suspension of 1 game.**
 - **Third Lunch Detention will result in removal from the team.**
- ✓ **After School Detentions:** These are given for higher offenses usually by an administrator or when students have exceeded their three lunch detention limit.
 - **One after school detention will result in a 1 game suspension.**
 - **Second after school detention will result in removal from the team.**
- ✓ **School Suspension:** These are results of student actions/choices deemed by administration based on school policies.
 - **One school suspension will result in a 1-week suspension from the team.**
 - **Second school suspension will result in removal from the team.**

I have read and agree to the terms above.

Student Signature _____

Date _____

Parent Signature _____

Date _____