

Dear Parent/Guardian:

“Athletics” means more than competition between individuals or teams representing different schools. It is, rather, a means of building a way of life respected in our society. It teaches understanding and appreciation of teamwork—that to participate means success, and to follow training rules means healthy living habits and establishes high team morale. This results in a mutual trust by coaches and other team members. Athletics exemplifies the philosophy that dedication, drive, and determination bring eventual success.

Athletics is a privileged part of your total educational experience. It creates a special environment that produces experiences promoting loyalty and dedication to yourself, family, home, school, and community.

The athlete is a role model for younger students and peers. Therefore, it is important that the athlete’s behavior remain above question. As a student leader, the athlete must accept the responsibilities and obligations placed by those represented.

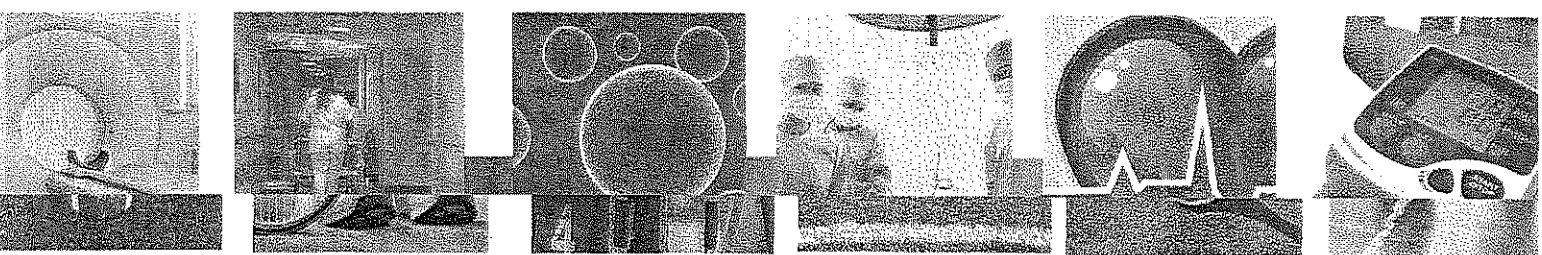
To help the athlete realize the above goals, it is necessary to understand that athletics are more important to the athlete than the athlete is to athletics.

We invite you to accept this challenge.

Please read and complete all of the attached paperwork with appropriate signatures. Once completed, please submit this packet back into your building athletic directors prior to being cleared for participation.

Sincerely,

Rob Swaim,
Auburn School District Director of Athletics



What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

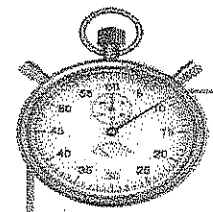
What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

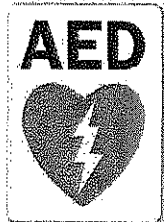
How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!



Cardiac 3-Minute Drill

- 1. RECOGNIZE Sudden Cardiac Arrest**
 - Collapsed and unresponsive
 - Abnormal breathing
 - Seizure-like activity
- 2. CALL 9-1-1**
 - Call for help and for an AED
- 3. CPR**
 - Begin chest compressions
 - Push hard/ push fast (100 per minute)
- 4. AED**
 - Use AED as soon as possible
- 5. CONTINUE CARE**
 - Continue CPR and AED until EMS arrives



**Be Prepared!
 Every Second Counts!**



Concussion Information Sheet

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:

<input type="checkbox"/> Headaches <input type="checkbox"/> “Pressure in head” <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Neck pain <input type="checkbox"/> Balance problems or dizziness <input type="checkbox"/> Blurred, double, or fuzzy vision <input type="checkbox"/> Sensitivity to light or noise <input type="checkbox"/> Feeling sluggish or slowed down <input type="checkbox"/> Feeling foggy or groggy <input type="checkbox"/> Drowsiness <input type="checkbox"/> Change in sleep patterns	<input type="checkbox"/> Amnesia <input type="checkbox"/> “Don’t feel right” <input type="checkbox"/> Fatigue or low energy <input type="checkbox"/> Sadness <input type="checkbox"/> Nervousness or anxiety <input type="checkbox"/> Irritability <input type="checkbox"/> More emotional <input type="checkbox"/> Confusion <input type="checkbox"/> Concentration or memory problems (forgetting game plays) <input type="checkbox"/> Repeating the same question/comment
---	--

Signs observed by teammates, parents and coaches include:

<input type="checkbox"/> Appears dazed <input type="checkbox"/> Vacant facial expression <input type="checkbox"/> Confused about assignment <input type="checkbox"/> Forgets plays <input type="checkbox"/> Is unsure of game, score, or opponent <input type="checkbox"/> Moves clumsily or displays incoordination <input type="checkbox"/> Answers questions slowly	<input type="checkbox"/> Slurred speech <input type="checkbox"/> Shows behavior or personality changes <input type="checkbox"/> Can’t recall events prior to hit <input type="checkbox"/> Can’t recall events after hit <input type="checkbox"/> Seizures or convulsions <input type="checkbox"/> Any change in typical behavior or personality <input type="checkbox"/> Loses consciousness
--	--

What can happen if my child keeps on playing with a concussion or returns to soon?

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.



Return to Play after a Concussion

If your child does get a concussion, they will not be able to return to full participation for at least a week. There may be instances in which your child's healthcare provider determines that more time for recovery is needed. Once symptoms have returned to baseline levels, a Return to Play protocol will begin. There must be at least 24 hours in between each step and each step needs to be supervised by a healthcare provider.

The basic Return to Play progression is:

- Day 1: 24 hours with no concussion symptoms (must include a day of school)
- Day 2: Light aerobic activity only to increase the heart rate (5-10 minutes of light jog or exercise bike) (no weight lifting)
- Day 3: Sport-specific activity
- Day 4: Non-contact training drills
- Day 5: Full contact practice
- Day 6: Normal game play/competition"

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/>

Student-Athlete Name Printed

★ Student-Athlete Signature

Date

Parent or Legal Guardian Printed

★ Parent or Legal Guardian Signature

Date



SOCIAL MEDIA GUIDELINES FOR STUDENT-ATHLETES

Playing and competing for the Auburn School District is a privilege. Student-athletes in Auburn are held in the highest regard and are seen as role models in the community. As leaders you have the responsibility to portray your team, your school and yourselves in a positive manner at all times. Sometimes this means doing things that are an inconvenience to you, but benefit the whole team. Texting, Facebook, Twitter, Instagram, Vine and other social media sites have increased in popularity globally, and are used by the majority of student-athletes here at Auburn in one form or another.

Student-athletes should be aware that third parties --including the media, faculty, future employers and WIAA officials --could easily access your profiles and view all personal information. This includes all pictures, videos, comments and posters. Inappropriate material found by third parties affects the perception of the student-athlete, the team and the school. This can also be detrimental to a student-athletes future employment options, whether in sports or in other industries.

Examples of behaviors that are unethical, illegal and counter the ASD Policy on Harassment, Intimidation and Bullying concerning participation in online communities may include, but are not limited to, depictions or presentations of the following:

- Inappropriate/Unethical Photos, videos, comments or posters showing the personal use of illegal drugs, alcohol, etc.
- Inappropriate/Unethical Photos, videos, and comments that are of a sexual nature.
- Content online that is unsportsmanlike, derogatory, demeaning or threatening toward any other individual or entity. No posts should depict or encourage unacceptable, violent or illegal activities.
- Content online that would constitute a violation of team, school, and league rules (examples: commenting publicly about a coach, teammate, opponent, official, staff member, and school employees.)
- Information that is sensitive or personal in nature or is proprietary to the team or the school, which is not public information.

Please remember the Head Coach and the Athletic Director have the ability to suspend, or remove a student from the team on the first inappropriate action.

- For your own safety, please keep the following recommendations in mind as you participate in social media websites:
- Set your security settings so that only your friends can view your profile.
- You should not post your email, home address, local address, telephone number(s), or other personal information as it could lead to unwanted attention, stalking, identity theft, etc.
- Be aware of who you add as a friend to your site – many people may be looking to take advantage of student - athletes or to seek connection with student-athletes.
- Consider how the above behaviors can be reflected in all Social Media applications.

If you are ever in doubt of the appropriateness of your online public material, consider whether it upholds and positively reflects your own values and ethics as well as that of the High School and your team. Remember, always present a positive image and don't do anything to embarrass yourself, the team, your family or the school.

By signing below you affirm that you understand the High School Team Social Media Guidelines for Student-Athletes and the requirements that you must adhere to as an Auburn student-athlete. Also, you affirm that failure to adhere to these guidelines may result in consequences that include suspension from your athletic team, and you may be subject to additional penalties imposed by the WIAA, ASD High School Athletic Code, and The Auburn School District.

Player Printed Name _____

★ Signature _____ Date _____

Parent or Guardian Printed Name _____

★ Signature _____ Date _____

Auburn School District
ATHLETIC RULES OF CONDUCT

Auburn School District is a member of the Washington Interscholastic Activities Association and must comply with the rules as stipulated in the constitution and rules and regulations of the Association. All contestants must be eligible under the WIAA academic regulations to participate in an interscholastic contest.

Conduct: Participants shall abide by all written training rules established for the sport/activity in which he/she is participating, and shall at all times behave in a manner that conveys respect for all individuals. Acts of harassment, hazing or a criminal act defined by law will not be tolerated. In addition, a participant shall conduct him/herself with personal integrity and honesty at all times and in all situations; both as a participant and as a spectator. Unacceptable behaviors and/or misconduct may necessitate penalties as appropriate, in an attempt to reduce any behavior which negatively impacts the individual, the team/group, and/or the image of the Auburn School District Athletics/Activities. Each incident will be reviewed on a case-by-case basis by the coach/advisor, administrator, or Athletic/Activity Board.

Any athlete failing to comply with the following rules of conduct shall be subject to disciplinary action in accordance with the School District's Athletic Code. Participation in interscholastic athletics is a privilege, not a right.

RULE 1-- LEGEND DRUGS, CONTROLLED SUBSTANCES, DRUG PARAPHENALIA AND ALCOHOL USE

Penalties for violation of RCW 69.41.020-69.41.050 for the possession, use or sale of legend drugs (drugs obtained through prescription) including anabolic steroids and possession, Violation of RCW 69.50 (uniform Controlled Substances Act) or possession or under the influence of alcohol or alcohol related substances -- A violation shall be considered a violation of the eligibility code and standards, and shall subject the student to disciplinary actions as follows:

FIRST VIOLATION

Immediately ineligible for interscholastic competition for the remainder of the current season. If less than 25 days remain in the current season, ineligibility will continue into the next applicable sport season (completed in good standing) in order to complete a full 25 day ineligibility. Before returning to the next sport season, athlete must obtain a drug/alcohol assessment from a certified agency/professional and must participate in the Insight program or an equivalent drug education course.

SECOND VIOLATION

Ineligible and prohibited from participating in any WIAA sports program for a period of one calendar year from date of second violation.

THIRD VIOLATION

Permanently prohibited from participation in any WIAA athletic program for the remainder of high school eligibility

RULE 2-- ATHLETES ATTENDING FUNCTIONS WHERE ALCOHOL AND OR DRUGS IS BEING ILLEGALLY

CONSUMED: Athletes who attend a gathering where drugs and/or alcohol are being used illegally, must upon learning of the presence and/or use of such substances, make immediate and exhaustive attempts to leave the premises

FIRST VIOLATION

See chart below

SECOND VIOLATION

Suspension for 25 participation days effective immediately. Before returning to the next sport season, athlete must obtain a drug/alcohol assessment from a certified agency/professional and must participate in the Insight program or an equivalent drug education course.

THIRD VIOLATION

Expulsion from all athletics for one calendar year

FIRST VIOLATION ONLY

↓Means of Discovery↓	
Self-Referral	1 participation day effective immediately + 12 probation days.
Admittance	3 participation days effective immediately + 13 probation days.
Investigative	Suspension - 15 participation days effective immediately + 5 probation days.

RULE 3-- USE AND/OR BEING IN POSSESSION OF TOBACCO OR TOBACCO PRODUCTS. Tobacco includes, but is not limited to, cigarettes, cigars, snuff, smoking tobacco, smokeless tobacco, nicotine, nicotine delivering devices, chemicals, or devices that produce the same flavor or physical effect of nicotine substances; and any other tobacco innovation.

FIRST VIOLATION

See chart below

SECOND VIOLATION

Suspension for 25 participation days effective immediately.

THIRD VIOLATION

Expulsion from all athletics for one calendar year

FIRST VIOLATION ONLY

↓Means of Discovery↓	Constructive Possession
Self-Referral	1 participation day effective immediately + 12 probation days.
Admittance	3 participation days effective immediately + 13 probation days.
Investigative	Suspension - 15 participation days effective immediately + 5 probation days.

RULE 4-- NOT OBEYING SCHOOL RULES AND REGULATIONS DURING SEASON (INCLUDING REGULAR SCHOOL ATTENDANCE AND DISCIPLINARY SANCTIONS).

FIRST VIOLATION

Conference with building coordinator or administrator, unable to participate in the NEXT contest

SECOND VIOLATION

Probation, unable to participate in the NEXT two contests

THIRD VIOLATION

Suspension for remainder of current season

RULE 5-- SUSPENSION FROM SCHOOL DURING SEASON (INCLUDING IN-HOUSE DISCIPLINARY SANCTIONS)

FIRST VIOLATION

Suspension for the period of school suspension and unable to participate in the NEXT contest

SECOND VIOLATION

Suspension for 15 participation days effective immediately and automatic probation (five days minimum)

THIRD VIOLATION

Expulsion from all athletics for one calendar year

RULE 6-- ANY STUDENT CONVICTED OF A FELONY CRIME WILL NOT BE ALLOWED TO PARTICIPATE IN ATHLETIC COMPETITION FOR ONE FULL CALENDAR YEAR OR UNTIL THE SENTENCE IS COMPLETED. CONVICTED SEX OFFENDERS WILL NOT BE ALLOWED TO PARTICIPATE IN ATHLETICS.

SOCIAL MEDIA - Student-Athletes should avoid videos and photos on social media outlets. Videos and photos on social media outlets can be used as evidence of athletic code violations and lead to athletic discipline.

Definition of Sanctions:

- PROBATION:** A period of time in which an athlete may be given an opportunity to correct deficiencies that could result in suspension or expulsion from athletic participation. The athlete is allowed to practice but not compete in games during this time and must sit out a minimum of one contest. Athlete will not be allowed to sit on the bench, sideline or dugout during exclusion from a contest.
- PARTICIPATION:** As defined by the WIAA participation schedule. If the conclusion of a season occurs during suspension period, the remainder of the suspension will carry over into the next sports season.
- SUSPENSION:** Includes exclusion from all athletic participation.
- EXPULSION:** The exclusion from athletic participation for the remainder of the current school year.
- INVESTIGATIVE (discovery)** – The process by which an administrator/coach/athletic director arrives at a conclusion regarding a student's involvement in an athletic code infraction. The decision will be based on evidence, either verbal or written.
- SELF ADMITTANCE (discovery)** – Student athletes that admit to their involvement in an athletic code infraction and who are cooperative and honest the investigative process regarding alleged code infractions,
- SELF-REFERRAL (discovery)** – Student athlete who reports self-infractions to school administrator prior to any investigation or inquiry by school administrators or staff.
- IN SEASON:** Begins with the first WIAA allowed practice day and ends with the awards ceremony (banquet) for that sport. In the event of no season-ending banquet or a banquet held prior to the last competition, the ending date will be after the last scheduled event for that sport.
- COMPLETED SEASON:** A season which a student athlete begins and completes the season, in good standing, without interruptions, until the last scheduled contest or banquet, whichever is later.
- ACCUMULATION OF VIOLATIONS:** Violations #1, #2, or #3 are accumulated while the student athlete is involved in high school athletics.

The Auburn School District sport season ends with the awards program, held at the discretion of the head coach for each sport. An athlete must finish the season in good standing in order to receive a letter. Athletes are reminded that they are under the athletic code beginning with the date of their first practice until 1 calendar year from the last participation day in any sport: Fall, Winter, or Spring and /or when representing the school during organized summer activities. Athletes are responsible for being knowledgeable of all additional information provided in the Athletic Handbook which is distributed to athletes and/or Auburn School District Website.

Participant's Printed Name

Parent's Printed Name

★ Participant's Signature

★ Parent's Signature

Date

Date

FOR OFFICE USE ONLY							Athletic Card Number _____			
SCHOOL YEAR _____		ASB _____		PHYS DATE _____		STUDENT # _____				
FALL:	FB	FP	GSOC	VB	GO	GSW	CC	BTE	CHEER	BWP
WINTER:	BBB	GBB	GYMN	WR	BSW	Dance	Cheer			
SPRING:		TR	BB	VB	BSOC	FP	GTE	GWP		

AUBURN SCHOOL DISTRICT ATHLETIC PARTICIPATION FORM

STUDENT NAME _____ M ___ F ___ GRADE ___ AGE ___ BIRTHDATE _____
 PARENT NAME _____ PARENT CELL PHONE _____ HOME PHONE _____
 HOME ADDRESS _____ CITY/STATE/ZIP _____

ATHLETIC ELIGIBILITY (High School only)

Please accurately answer the following questions pertaining to athletic eligibility. It is important to give accurate information.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	The student is currently under an athletic suspension from previous school district.
<input type="checkbox"/>	<input type="checkbox"/>	The student is on a waiver (non-resident, resident).
<input type="checkbox"/>	<input type="checkbox"/>	The student resides within the boundaries of the Auburn School District
<input type="checkbox"/>	<input type="checkbox"/>	The student resides with his/her parents/legal guardians.
<input type="checkbox"/>	<input type="checkbox"/>	The student was in attendance in school at least 15 weeks of the previous semester.
<input type="checkbox"/>	<input type="checkbox"/>	The student passed 5 classes during the previous semester.
<input type="checkbox"/>	<input type="checkbox"/>	The student is presently enrolled in the Auburn School District a minimum of 5 full-credit classes.
<input type="checkbox"/>	<input type="checkbox"/>	The student is under 20 years of age.

Is the student: Running Start Home Schooled Alternative School Other _____

Year entered ninth (9th) grade: _____ School attended last year: _____ Dates attended: _____ to _____

★ Student Signature _____ Date _____
 ★ Parent/Guardian Signature _____ Date _____

PARENT CONSENT/ASSUMPTION OF RISK

We hereby give our consent for our son/daughter to engage in interscholastic activities provided by the Auburn School District unless disapproved by the examining physician. We also give our consent for the student to accompany the team to other school venues. We will comply with and support the participation rules of the Auburn School District. This application to compete in interscholastic athletics in the Auburn School District #408 is made with the understanding that eligibility rules and regulations of the state association have not been violated. Competitive athletics is a voluntary extra-curricular activity and participation may result in severe injury, including paralysis or death. No amount of reasonable supervision or training can completely eliminate the risk of possible injury.

AS A CONDITION OF PARTICIPATION IN ATHLETICS, WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING STATEMENT.

★ Parent/Guardian Signature _____ Date _____

CONSENT FOR DISCLOSURE

I hereby authorize the physicians, athletic trainers, sports medicine staff and other health care personnel treating me to release information regarding the student-athlete's protected health information and related information regarding any injury or illness during the student-athlete's training for any participation in the Auburn School District. I further understand that it is at my request to comply with the requirements of his/her school and the release of protected health information to a coach, athletic director, or school official in connection with participation in interscholastic sports. This protected health information may concern the student-athlete's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, hospitals, and/or medical clinics and laboratories, athletic coaches, medical insurance coordinators, athletic and/or school administrators, and officials of the WIAA. I, _____, parent or guardian of _____, understand that as a parent/legal guardian give authorization/consent for the disclosure of the student-athlete's protected health information is a condition for participation as an interscholastic athlete in the Auburn School District of the purpose of the undersigned student-athlete to participate in interscholastic sports. I understand that my protected health information is protected by the federal regulations under either the Health Information Portability and Accountability Act (HIPPA) or the Family Educational Right and Privacy Act of 1974 (FERPA) and may not be disclosed without either parent/legal guardian authorization under HIPPA or consent under the Buckley Amendment. I, the parent/legal guardian understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by HIPPA and/or FERPA. I, the parent/legal guardian, understand that I may revoke this authorization/consent at any time by notifying in writing the school's athletic director, but if I do, it will not have any effect on the actions of the Auburn School District officials took in reliance to this authorization/consent prior to receiving the revocation. This authorization/consent expires one year for the date it is signed.

★ Parent/Guardian Signature: _____ Date: _____
 ★ Student Signature: _____ Date: _____

MANDATORY ACCIDENT INSURANCE (Check One)

- My son/daughter is currently enrolled in the Student Accident Insurance Program offered through the Auburn School District. Information regarding this plan is available through your child's school office. (OFFICE CONFIRMATION REGARDING PURCHASE)
- My son/daughter is covered by the insurance listed below and I will continue to keep it in force throughout the sports season. If there are any changes in this status, I will contact the school to inform them of changes in insurance. The high school principal or designee is authorized to contact the company named below to verify coverage limitations. I accept full responsibility for the cost of treatment of any injury that my son/daughter may suffer while taking part in the program.

Name of Insurance Company: _____

Policy or Group #: _____

★ Parent/Guardian Signature _____ Date _____

PERMISSION FOR MEDICAL TREATMENT

In the event of an emergency requiring medical attention, we hereby grant permission to a physician or other hospital personnel designated by the Auburn School District's coaching staff to attend our son/daughter. We expect every effort will be made to contact us in order to receive our specific authorization before any treatment or hospitalization is undertaken.

★ Parent/Guardian Signature _____ Date _____

MEDICAL/HEALTH CONDITIONS

Please indicate if any of the following medical/health conditions apply:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetic	<input type="checkbox"/>	<input type="checkbox"/>	Does the student carry an Insulin Pack?
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Allergies: Please give Type: _____
<input type="checkbox"/>	<input type="checkbox"/>	Concussion history?			If yes, dates: _____
Other: _____					

PHYSICIANS EVALUATION REPORT (ALL INCOMING 6TH AND 9TH GRADERS ARE REQUIRED TO HAVE A NEW PHYSICAL ON FILE)

Auburn School District policy requires that:

- *** A current physical examination is completed prior to participation at the high school level (grades 9-12) and must be dated **AFTER JUNE 1st**, for the upcoming school year.
- *** A current physical examination is completed prior to participation at the middle school level (grades 6-8) and must be dated **AFTER JULY 1st**, for the upcoming school year.
- *** Physicals may be valid up to 24 months from the date of the examination if all conditions are met. Physical expiration dates must extend beyond the respective WIAA season ending date.
- *** **Expiration dates occurring within a sport season shall require a new examination prior to that season.**

PHYSICIAN'S EVALUATION REPORT

STUDENT NAME (PRINT): _____ DATE OF PHYSICAL EXAMINATION: _____

Medical Examiner's name (Print or type) _____ Phone number _____ Clinic Address _____

Medical Examiner's signature _____

Clearance for participation in Auburn School District athletics: Yes No

Physical limitations and/or recommendations: _____

To be filled out for middle school wrestlers:

If _____ competes in wrestling, the minimum weight should be no less than _____ pounds.

Student Name (Print or Type) _____