

Granite Falls School District 2018/2019 Student Activities Handbook



Welcome to Granite Falls School District Athletics and Activities. Please read the following information to assist you in preparing to participate in our co-curricular programs.

INTRODUCTION

The opportunity to participate in the athletic/activity programs or as an elected or appointed school leader (ASB officers, Class Officers, Cheerleaders) at Granite Falls School District is a privilege available to all students. Due to the public nature of these events, students choosing to participate are expected to conduct themselves at all times during their season of participation and between consecutive seasons in a manner that will reflect the high standards and mission of this school and the greater GFSD community. These high personal standards for conduct promote maximum achievement, safe performances, commitment to excellence in health and conditioning, and fulfill responsibilities as student leaders by setting a positive example for other students. Participants must keep in mind that they will be representing not only themselves, but their families, team, school and the entire Granite Falls community.

MISSION

It is the mission of the Granite Falls School District to inspire and facilitate a passion for life-long learning and the pursuit of excellence in every student, every day. The District also recognizes the importance of co-curricular activities in that they can enrich a student with lifetime experiences. Therefore stronger academic standards are an expectation for those participating in co-curricular activities. Opportunity is provided for the incentive to improve if a student has fallen short of the Granite Falls School District academic standards. Activities exemplify the belief that dedication, drive and determination bring eventual success.

The expectations for being a participant in GFSD athletic or activities program, including eligibility requirements, training rules, activities expectations and team rules shall be communicated to team members/group members at the beginning of the season of participation. Each athlete is governed by the rules and regulations of the Washington Interscholastic Activities Association (WIAA), Northwest District 1, Cascade Conference and the Granite Falls School District. Copies of these rules and regulations may be obtained from the school Athletic/Activities Director upon request.

In keeping with the principle that participation in co-curricular activities is a privilege and a means of learning self-discipline, this Granite Falls School District Student Activities Handbook has been adopted. It applies to all students participating in all co-curricular athletics and activities.

SCHOOL CONTACT INFORMATION:

High School Athletic Director – Joey Johnson	(360) 283-4399	email: jjohnson@gfalls.wednet.edu
HS Athletic Secretary – Porscha Lachapelle	(360) 283-4401	email: plachapelle@gfalls.wednet.edu
Crossroads Principal – Bridgette McVay	(360) 283-4407	email: bmcvay@gfalls.wednet.edu
Granite Falls MS Principal – Dave Bianchini	(360) 283-4323	email: dbianchini@gfalls.wednet.edu
MS Athletic Secretary – LeeAnn Draggie	(360) 283-4321	email: ldraggie@gfalls.wednet.edu

Requirements for High School Students:

- All forms done on-line through Skyward Family Access (no paper forms accepted)
<https://www2.nwrdc.wa-k12.net/scripts/cgiip.exe/WService=wgranits71/fwemnu01.w>
- Current physical exam - (Good for 2 years and cannot expire during the season)
- ASB card \$35.00
- All fines must be paid
- Get your name on the list at the Athletic office
- Participation fee paid after the selection of the team and before the first contest. (see fee chart)
- Athletes must be covered with adequate health insurance.
- Athletes must be passing five full time subjects.
- For non-traditional HS students additional form needed - Academic Eligibility Standards Contract (see Athletic office)
- Any athlete who does not live with his/her own parent/guardian in the Granite Falls School District must get the Athletic Director's signature before he/she is permitted to turn out for any team. No exceptions. (You may be required to complete a Student Eligibility Packet).
- All new students need to meet with the Athletic Director to determine eligibility.



All High School Sport Schedules can be found at: <http://www.cascadeathletics.com>

Requirements for Middle School Students:

- Athletic Participation Eligibility Form
- Athletic Locator and Emergency Form
- Athletic/Activities Code and Parent Consent Form
- Academic Eligibility Standards Contract Form and Media Consent Form
- Concussion Form
- Sudden Cardiac Arrest Awareness Form
- Physical Examination Form (Good for 2 years and cannot expire during season)
- Sports specific risk statement (provided by the coach)
- ASB Card \$20.00
- All Fines paid
- Participation fee paid after the selection of the team and before the first contest. (see fee chart)
- Athletes must be covered with adequate health insurance.
- Athletes must be passing six full time subjects.
- Any athlete who does not live with his/her own parent/guardian in the Granite Falls School District must get the Athletic Director's signature before he/she is permitted to turn out for any team. No exceptions. (You may be required to complete a Student Eligibility Packet).

Please do not wait until the time of practice to get cleared for sports. This will cause you to miss the beginning and maybe all of practice. Athletic offices are open the day before practices and all school year long.

ABOUT THE MIDDLE SCHOOL ATHLETIC FORMS

ATHLETIC PARTICIPATION ELIGIBILITY FORM: A participation form needs to be completed by parent/guardian to verify that student/athlete meets the pre-requirements for eligibility. Also included is the parent/guardian signed “acknowledgement of risk” and “insurance/accident plan coverage.” It is a parent’s responsibility to make sure insurance coverage is provided for the student/athlete. School insurance is offered as a resource.

INSURANCE COVERAGE/ACCIDENT INSURANCE: Evidence of private coverage or paid enrollment in the school sponsored accident insurance must be on file in the Athletic Department prior to participating in any athletic practice or competition. School insurance forms are available in the office.

LOCATOR AND EMERGENCY CARD: A completed emergency information form for an athletic sport season or school year must be signed by a parent/guardian. This completed form will be on file in the Athletic Department and must be completed prior to participating in any athletic practice or competition.

ACTIVITIES CODE: These rules are applicable from the date that the student signs the Activities Code until the last day of the school year. The Activities Code represents minimum standards of expectation. Additional standards, which are unique to a particular sport/activity, may be required by individual head coaches/advisors.

ACKNOWLEDGEMENT OF RISK STATEMENT: Each athletic sport has an acknowledgement of risk statement that must be signed and returned to the Athletic/ASB office prior to participating in any athletic practice or competition. The purpose of this form is to share with athletes and parents/guardians potential dangers students may face taking part in certain activities.

CONCUSSION FORM: The Zackery Lystedt Law requires the consistent and uniform implementation of long and well-established return to play concussion guidelines. Signed verification from parent/guardian on this form is required to participate.

PHYSICAL EXAM: A physical examination for an athletic sport season or school year must be completed and signed by your physician at your own expense. This form must be on file in the Athletic Department. An athlete will not be allowed to participate in practice or games until he/she has a physical exam. The forms and clearance are good for twenty-four (24) months and must be on the WIAA approved form. Students will not be able to participate in practices if their physical will expire during the season. The physical must be renewed prior to the start of the athletic season.

ASB CARD: An ASB card must be purchased before the student will be allowed to participate in an athletic sport or any ASB sponsored activity. The cost is: HS-\$35.00 MS-\$20.00.

PARTICIPATION FEE: Fee must be paid the day before the first scheduled contest. See attached fee chart.

SUDDEN CARDIAC ARREST AWARENESS FORM: Information regarding Sudden Cardiac Arrest Awareness and risks.

ACADEMIC ELIGIBILITY STANDARDS

For a complete listing of all sections in the WIAA Official Handbook go to www.wiaa.com where you can find the most current Handbook along with details, policies, changes, amendments, and adoptions.

WIAA ACADEMIC STANDARDS: (listed by WIAA section number)

WIAA 18.7.0 SCHOLARSHIP – In order to maintain athletic eligibility during the current semester/trimester, the student shall maintain passing grades, or the minimum grade standards as determined by the school district if more restrictive, in a minimum of:

- 3 classes in a 4 period class schedule or the equivalent credits
- 4 classes in a 5 period class schedule or the equivalent credits
- 5 classes in a 6 period class schedule or the equivalent credits
- 6 classes in a 7 period class schedule or the equivalent credits
- 7 classes in an 8 period class schedule or the equivalent credits



RUNNING START COURSE

- Two – 5 credit quarter courses
- Two – 3 credit semester courses

EQUIVALENT

- 2 high school credits
- 2 high school credits

WIAA 18.7.3 Schools shall establish a grade monitoring system to ascertain the student's passing status in a minimum required classes. To monitor a student's continued academic eligibility periodic grade checks within each three to six week period are required during the current semester/trimester beyond normal grading periods. Private school students participating at their public school of residence will be held to the grade standard of the school they academically attend.

WIAA 18.7.4 A student shall have passed the minimum number of classes as listed in WIAA 18.7.0 in the immediately preceding semester/trimester in order to be eligible for competition during the succeeding semester/trimester. The record at the end of the semester/trimester shall be final, except for those credits earned in a regular, accredited summer school program or alternative educational program accepted by the school district.

WIAA 18.7.5 Incompletes may be made up for credit during the first five (5) weeks of the subsequent semester/trimester. The student shall be ineligible for interscholastic competition until the incomplete(s) are cleared.

WIAA 18.7.6 ACADEMIC SUSPENSION PERIOD – A student who has been in regular attendance at least fifteen (15) weeks of the previous semester (10 weeks of the previous trimester), but who failed to make the grade requirements of WIAA 18.6.0 shall be placed on suspension. The student shall be ineligible during the suspension period. If, at the end of the suspension period, the student is passing the minimum number of classes required above (and meet Granite Falls School District academic standards), the student may then be reinstated for interscholastic competition.

- A. The suspension period for high school students shall be from the end of the previous semester through the last Saturday of September in the fall and the first five (5) weeks of the succeeding semester/trimester.
- B. The suspension period for middle level students shall be from the end of the previous semester through the first three (3) weeks of the succeeding semester/trimester.
- C. Each student is eligible on Monday of the week following the end of the suspension period. Three or more teaching days shall constitute a week.

WIAA 18.8.0 PREVIOUS SEMESTER – The student shall have been in regular attendance as a full time student as defined in WIAA 18.7.0 and WIAA 18.7.3, in an elementary, intermediate, middle level, or high school during the semester/trimester immediately preceding the semester/trimester in which the contest is held.

WIAA 18.8.1 Completion of a semester is determined by the local school district.

WIAA 18.9.0 REGULAR ATTENDANCE – The student shall have been enrolled and in regular attendance within the first fifteen (15) school days in a semester or ten (10) school days in a trimester at the start of the current semester/trimester in order to participate in interscholastic contests during the current semester/trimester.

WIAA 18.9.1 An enrolled student who receives semester/trimester grades will be considered to have been in attendance for that semester/trimester unless he/she is withdrawn from school.

WIAA 18.27.0 EJECTION FROM CONTEST - Conduct resulting in ejection or disqualification from an interscholastic contest administered by game officials, coaches or school administrators shall result in the following:

WIAA 18.27.1 For the remainder of the contest in which the ejection occurred:

- A. When a student is ejected, the coach continues to be responsible for the student. The student shall remain with the team.
- B. When a coach or other adult school representative is ejected, the coach or other adult school representative must vacate the playing area (gymnasium, field, and stadium.) If a head coach is ejected, an assistant coach or any school district personnel authorized to supervise students may assume the head coaching responsibilities for the remainder of the contest. If no other school district personnel are on site, the contest will be terminated and forfeiture declared.

WIAA 18.27.2 The first ejection of the season shall result in the ejected person (student, coach, other school representative) being ineligible until after the next school contest in that sport at the same level of competition from which the person was ejected.

- A. A jamboree does not count as a contest for the purposes of meeting the suspension period.
- B. A student who is on suspension may not be on the team bench or in the school uniform, during the suspension period.
- C. Any coach ejected shall not be involved in coaching to any degree during the suspended game and shall not be allowed into the facility (gymnasium, field, stadium, locker room or hallway, etc.) during the suspension period.

WIAA 18.27.3 Should a participant be unable to complete a suspension during the sports season in which the ejection occurs, the suspension shall be carried over into the participant's succeeding season of participation. In order for the suspension in the succeeding season of participation to meet this requirement, the participant must be a member of the team for the entire season for that sport.

WIAA 18.27.4 The second ejection in the same sport and season shall result in ineligibility for the remainder of the season of that sport.

WIAA 18.27.5 For aggressive physical contact with an official, the WIAA Executive Director has the authority to suspend the individual from further competition for a period not to exceed one (1) calendar year.

GRANITE FALLS ACADEMIC ELIGIBILITY STANDARDS

In order to maintain activities eligibility during the current semester, the student shall maintain a "C-" or better grade in a minimum of five (5) full-time subjects and a 1.7 GPA. Any class taken one period daily for the duration of the semester shall be considered a full-time subject.

To assure the student's passing status in five (5) subjects, grade checks will be completed mid-quarter, quarter, and semester grading periods. Teacher posted grades for these grading periods will be used. If a student does not meet the Granite Falls academic eligibility standards, s/he will become ineligible on the morning of the fourth day after grades are due.

Athletes will follow the WIAA policy, which states a student must have passing grades in five (5) classes in a six (6) period class schedule and six (6) classes in a seven (7) period class schedule. No Credit (NC), dropped class(s), incompletes (I), and F's are considered non passing grades. To begin the school year, we use the previous year's second semester grades.

If a student is not receiving a "C-" or better in all but one scheduled class and a 1.7 GPA, the student will be ineligible. While ineligible, the student can and is expected to attend and participate in practice with the team. While the student is ineligible they will not participate in games/contests, or be dismissed early from class to travel to games/contests. An ineligible student may travel and be on the sidelines/bench with the team for both home and away games. WIAA rules regarding the number of players on the sideline/bench will be followed.

As soon as the student meets the grading criteria and is CLEARED through the Athletic Department, the student is eligible to participate in games/contests. To maintain eligibility, students must turn in a weekly grade check to the Athletic Department. This grade check is to be done every Wednesday to maintain eligibility through the next Wednesday and is due 30 minutes after regular classes are dismissed. If a student fails to turn in a grade check on time or if the student falls below the grading criteria he/she will be ineligible or remain ineligible for the following week. The student will remain ineligible for the following week (Wednesday to Wednesday).

Any student not enrolled as a full time student at Granite Falls High School and who is enrolled in an alternative program(s) (running start, skill center, home school etc...) must provide the Athletic Department with official documentation of academic progress during the same grading periods as the traditional program. Furthermore, students must sign a contract stating that it is their responsibility to provide this documentation of grades and they must notify the Athletic Department immediately if their academic program changes in anyway.

The athletic director and/or school administration are designated as the avenue for appeals in cases where a student is declared ineligible.

ATTENDANCE REQUIREMENT: In order to participate in a contest or practice for that particular day the student must attend at least five (5) full class periods. Skill Center students must attend at least two regular classes and a full day of Skill Center. Students cannot be truant nor have any unexcused absences during the school day. In the event of a shortened schedule (i.e. half days) a student must be in attendance for the entire day.

The only exceptions to an absence will be:

- Dental and/or medical appointments. **Students must have a note from the dentist or doctor including the date, time of appointment, doctor's phone number and signature. Parents' notes will not be accepted.**
- Family emergencies (funerals, etc.) must be prearranged with the office/administration.
- Court appearances – **A note from the court must be received.**
- School approved field trips and events.

Coaches/advisors will and are responsible for monitoring this policy. Coaches/advisors will check the daily attendance at the end of the day. When action is taken, coaches/advisors will notify the student and the Athletic Director. Documentation is required.

EQUIPMENT: Students are expected to keep school issued equipment clean and in good condition. Loss or damage of issued equipment will be the financial obligation of the student. (Examples: warm-ups, jerseys, uniforms, etc.).

OUTSIDE USE OF ISSUED EQUIPMENT: The WIAA prohibits the use of school issued uniforms while participating in any event outside the regular school program. **THIS INCLUDES SUMMER CAMPS.**

School uniforms are not to be worn or used for an outside activity other than practice, school contests or game days as designated by the coach/advisor. The school **DOES NOT** issue clothing to students for personal use. If any violation occurs the student will forfeit their uniforms and have to provide their own required clothing for competition(s)/contest(s).

TRAVEL: All students **are expected to** travel to and from the athletic event with the team and in transportation provided for that purpose. Any other transportation requests must be made in advance in writing to the athletic director or principal if the athletic director is unavailable.

LETTER AWARDS: To receive an activities letter award from Granite Falls High School, the student must meet the criteria established by the head coach/advisor that has been approved by the Activities Director or School Principal. Completion of the activities season is required in order for the student to be eligible for letter or other team or individual awards. Awards will be held if equipment is not turned in at the end of the season. (Exception: injury, which limits participation) Prior to the season start, each coach/adviser will notify the student/parents of letter awards criteria in each individual sport/activity.

FEE CHART FOR HIGH SCHOOL:

	Child 1	+ additional child	+2 additional children
First sport fee	\$50	\$50	No fee
Second sport fee	\$50	\$30	No fee
Third sport fee	No fee	No fee	No fee
Maximum cost per child	\$100	\$80	No fee
Maximum family cost	\$100	\$180	\$180
Reduced Lunch Students per sport	\$10	\$5	No fee
Free Lunch Students	No fee	No fee	No fee

FEE CHART FOR MIDDLE SCHOOL:

	Child 1	+ additional child	+2 additional children
First sport fee	\$40	\$40	No fee
Second sport fee	\$40	\$15	No fee
Third sport fee	\$40	No fee	No fee
Fourth sport fee	No fee	No fee	No fee
Maximum cost per child	\$120	\$55	No fee
Maximum family cost	\$120	\$175	\$175
Reduced Lunch Students	\$10	\$5	No fee
Free Lunch Students	No fee	No fee	No fee

Guidelines that will be followed for both HS and MS athletic fees:

- Participation fees must be paid within one week after the team has been selected and before the first scheduled contest
- Refunds will be provided if an athlete quits due to illness or injury prior to the first interscholastic contest (medical documentation must be presented) or an athlete quits due to the family moving prior to the first interscholastic contest
- No refunds will be approved for athletes who are dropped for athletic code violations or who do not meet grade requirements or who quit after the first interscholastic contest
- Fees will not be prorated for students who join the season late
- Fees or a request for waiver for free/reduced lunch must be turned in to the athletic office
- Scholarships are available, please contact the athletic department and the respective school



ATHLETIC PARTICIPATION ELIGIBILITY

Name _____ Grade _____ Birthdate _____

Address _____ Phone # _____

Please answer all questions and then turn the completed form in to the Athletic Office. When all forms are complete your name will be added to the eligibility list. **False answers to the questions below will jeopardize your future eligibility for athletics in the Granite Falls School District. Illegal participation may cause your team to suffer due to forfeiture of games.**

What school did you attend last semester? _____

How many classes did you pass? _____ Did you complete the semester? Yes _____ No _____

With whom do you live? (Note "e" below) _____

"e"- State your exact relationship to this person: (Own parents, foster, etc.) _____

Do you live within the boundaries of the Granite Falls School District? _____

Have you transferred schools within the last 12 months? _____

If you are a transferred student did you leave your previous school in good standing? _____

For HS Only: Have you been enrolled in school over 4 years? _____

ACKNOWLEDGEMENT OF RISK

All physical activities can result in possible injuries. Students who participate in organized and approved high school athletics have less of a chance of being physically injured than students involved in activities that are not a part of the school athletic program. Elements that reduce the possibility of athletic injuries in school programs are: Improved facilities and protective equipment, governing rules and policies, safety rule requirements, conditioning programs, and experienced coaches and supervisors. Athletes can further reduce their chances of injury by obeying all safety rules, following proper procedures and instructions, reporting all physical problems and injuries to their coaches, and inspecting their own equipment daily.

I acknowledge that participating in athletic competition or cheer activities entails many risks of injury, even when played in an instructional environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the body, general health, and well-being.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

GRANITE FALLS SCHOOL DISTRICT ACCIDENT PLAN COVERAGE

(athlete must have insurance)

"My son/daughter is covered by insurance and will continue to keep it in force throughout the sports season: therefore I do not wish to enroll my child in the School Accident Coverage Plan. I understand that my child/ward cannot participate in boys and girls after school athletics unless he/she is covered by a private medical insurer, state medical coverage, or school accident coverage plan

Parent/Guardian Signature _____ Date _____

Company providing coverage _____ Policy Number _____ or

School Insurance Date _____

LOCATOR AND EMERGENCY CARD

The following information is requested to assist in the evaluation and treatment of your child.

Full Name of Child _____
Last First Middle

Age _____ Date of Birth _____ Phone # _____

Physician's Name _____ Phone # _____

Dentist Name _____ Phone # _____

Work Phone Number (Mother's) _____ (Father's) _____

Employer (Mother's) _____ (Father's) _____

Allergies: _____ Previous injuries: _____

Chronic Illnesses: _____ Previous concussions: Yes or No

Regular Medicines: _____

Type of Insurance: _____ Policy # _____

Name of Insured Person: _____

If the parent/guardian and/or authorized physician cannot be reached at the time of an emergency and if immediate observation or treatment is urgent in the judgment of school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible and for such doctor to render such observation and treatment as is immediately necessary.

This authorization shall remain effective until June 30, 20____, unless sooner revoked in writing by the undersigned.

INSURANCE: I assume financial responsibility for medical expenses that may arise out of my child/ward's participation through a private medical insurer, state medical coverage, or the school accident coverage plan.

RIDE FORM: I hereby give my permission for my child/ward to travel to/from athletic events or activities in transportation arranged by school officials or other authorized personnel.

Signature of Parent/Guardian Date

Address Home Phone #

If you cannot be reached in case of an emergency, list below a contact person and a telephone number:

Contact Person Phone Number

Contact Person Phone Number

ATHLETIC/ACTIVITIES CODE/PARENT CONSENT

Interscholastic athletics and activities are governed by the rules and regulations of the Washington Interscholastic Activities Association (WIAA). The various athletic teams and activity programs within the district are considered to be an extension of the school program. Students are not only representing their teams and/or activities, but also their school. Therefore, school rules pertaining to student conduct as well as additional rules established by the coach, captains, advisors, activity group, or team must be adhered to by all participants.

The student participating in activities in the Granite Falls School District shall comply with the rules and regulations set down by district policies including the Granite Falls School District Middle and High School Handbook and K-12 Resource Guide, GFHS Student Handbook and the Granite Falls School Board Policies. It is imperative that coaches/advisors review this code with students during each sport/activity season and this code be posted where students are able to view it. All coaches/advisors are expected to adhere to the code and enforce it without favoritism. (This code will take precedent over the WIAA regulations whichever is more strict).

Each student is expected to conduct him/herself at all times in a manner which will reflect the high standards and ideals of his/her team, school and community.

PENALTIES FOR VIOLATION OF THE ACTIVITIES CODE

Any violation of the school rules may result in a student's removal from athletic/activity participation for the balance of the sport/activity season; such discipline may be in addition to any other discipline, suspension, expulsion or emergency expulsion under district Policy and Procedures.

Citizenship Conduct Code Violation:

- All Offenses: desired student behavior which includes citizenship, but is not limited to has been established in the Granite Falls High School Student Handbook
 1. Any participant referred to administration for disciplinary reasons shall be subject to being deemed ineligible for participation in co-curricular activities, at the discretion of administration.
 2. If a student is suspended they will be excluded from practice and games for the duration of their suspension from school.
- These penalties will not carry over from year to year, but the penalties will carry over from one sport/activity season to the remainder of the school year.

Violation of the Granite Falls School District Student Activities Handbook policy on tobacco, alcohol, illegal drugs and controlled substances on or off school premises will result in the consequences set forth in the Granite Falls School District Student Activities Handbook and as outlined in those sections below.

WIAA 18.26.0 USE OF ILLEGAL SUBSTANCES – School and WIAA rules and regulations are intended to discourage the use of alcohol, tobacco, legend drugs, controlled substances and paraphernalia and to encourage the use of school and community resources, School and community resources should be identified for students who have had a violation and seek help or who are referred for assessment.

WIAA 12.26.1 Alcohol and tobacco – Each WIAA member school shall adopt reasonable rules and regulation pertaining to the use of alcohol or tobacco products that are specific to the middle or high school levels.

Alcohol and Tobacco

First Offense: Suspension from interscholastic activity for the remainder of the season. Suspension can be reduced to suspension of seven (7) calendar days from practicing and fourteen (14) calendar days from participating in competition or activity events, **IF** the following conditions are met:

1. At the cost of the student's family, the student will have an assessment by a school approved agency.
2. At the cost of the student's family, the results of the assessment will be shared with the school administrator.
3. At the cost of the student's family, the student will comply with the recommendations of the assessment.
4. At the cost of the student's family, the student will comply with the school's request for a urinalysis for the remainder of the year. Failure to satisfy all of the above conditions will result in imposing the suspension for the current interscholastic season.

Second Offense: Exclusion from team for the remainder of the school year and any further sports/activities.

These penalties will not carry over from year to year, but the penalties will carry over from one sport/activity season to the remainder of the school year.

WIAA 18.26.2 Legend drugs and controlled substances – Penalties for the possession, use or sale of legend drugs (drugs obtained through prescription, RCW 69.41.020.050) and controlled substances (RCW 69.50) shall be as follows:

First Violation: A participant shall be immediately ineligible for interscholastic competition in the current interscholastic sport season. Ineligibility shall continue until the next sports season in which the participant wishes to participate unless the student accesses the assistance program outlined in (B) below.

An athlete who is found to be in violation of WIAA Rule 18.26.2 (legend drugs and controlled substances) shall have two options:

1. The athlete will be ineligible for participation in contests for the remainder of that interscholastic sports season and must meet with the school eligibility board in order to be eligible to compete in the next interscholastic sports season. The school eligibility board will make a recommendation to the school principal. The school principal will have the final authority regarding the students' participation in further interscholastic sports programs.
2. (B) The athlete may choose to seek and receive help for a problem with use of illegal drugs or controlled substances. Successful utilization of school and or community assistance programs may allow him/her to have eligibility reinstated in that athletic season, pending recommendation by the school eligibility board and principal.

Second Violation - A participant who again violates any provision of RCW 69.41.020 through 69.41.050 or RCW 69.50 shall be ineligible for interscholastic competition for a period of one (1) calendar year from the date of the second violation.

Third Violation - A participant who violates a third time RCW 69.41.020 - 69.41.050 or RCW 69.50 shall be permanently ineligible for interscholastic competition.

These penalties are cumulative for the duration of the student's time in high school.

<p>ATHLETIC/ACTIVITY CODE: I have read and understand the terms of the Athletic/Activity Code. I request the Granite Falls School District grant my child/ward to participate in and/or try out for the school's athletic/activity team(s) and to engage in all activities related to the team, including but not limited to trying out, practicing or playing/participating in the sports or activities.</p>
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Parent/Guardian Signature

Student Signature

Date

ACADEMIC ELIGIBILITY STANDARDS CONTRACT

For non-traditional high school students (running start, skills center, home school etc...)

I, _____
(Student Name)

understand, that it is my responsibility to provide official documentation to the Athletic Department of my academic progress. Grading periods are mid-quarter, quarter, and semester. Furthermore, I must notify the Athletic Department immediately if my academic program changes in any way.

Students Signature

Date

Parents/Guardians Signature

Date



MEDIA CONSENT FORM

I give permission for my child to be photographed, videotaped, or interviewed and for his or her name and photo to be published in any media outlet including newspaper, TV, or electronic venues (which includes posting on the internet) and to have his or her name or photo printed in team rosters and programs.

Parent/Guardian Signature

Date

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 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 concussions may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussions, 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:

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

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays coordination difficulties
- Answers question slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Concussion Information Sheet/Parent-Student Notification

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.

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:

1. "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
2. "...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

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 6/15/2009

Sudden Cardiac Arrest Awareness Form

The **Granite Falls School District** 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 this Sudden Cardiac Arrest Awareness pamphlet you received.

In accordance with state law (ESSB 5083), this form must be signed **annually** by the parent/guardian and student prior to participation in Granite Falls School District athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the Athletic Director or Principal at your school.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE SUDDEN CARDIAC ARREST AWARENESS PAMPHLET (ATTACHED).

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

Granite Falls School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination:

SARA WOOLVERTON, GRANITE FALLS SCHOOL DISTRICT, 205 NORTH ALDER AVE., GRANITE FALLS, WA 98252, (360) 691-7717, swoolverton@gfalls.wednet.edu

El Distrito Escolar de Granite Falls no discrimina en sus programas o actividades por motivos de sexo, raza, credo, religión, color, origen nacional, edad, condición de veterano de guerra o grado militar, orientación sexual, expresión de género o identidad, discapacidad o uso de perro guía entrenado o animal de servicio, y ofrece igualdad de acceso a los Boy Scouts y a otros grupos de jóvenes especificados. El empleado mencionado a continuación ha sido designado para atender consultas y quejas de supuesta discriminación: SARA WOOLVERTON, GRANITE FALLS SCHOOL DISTRICT, 205 NORTH ALDER AVE., GRANITE FALLS, WA 98252, (360) 691-7717 swoolverton@gfalls.wednet.edu



Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



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 (gasping). 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!**

UW Medicine
Center For Sports Cardiology
www.uwsportscardiology.org

WIAA
Est. 1905
WASHINGTON INTERSCHOLASTIC
ACTIVITIES ASSOCIATION

**NICK OF TIME
FOUNDATION**
SCA Awareness
Youth Heart Screening
CPR/AED in Schools
www.nickoftimefoundation.org

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO