



Volunteer Name: _____
First Middle Last
Date of Birth: _____

5430P

VOLUNTEER DISCLOSURE STATEMENT
PURSUANT TO CHAPTER 43.43 RCW

Please Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved. The term “**convicted**” means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution.

1. Have you **ever** been convicted of any crimes against persons as defined in RCW 43.43.830(5) and listed as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future?

Answer _____ IF YES, PLEASE EXPLAIN BELOW.

2. Have you **ever** been convicted of any crimes relating to financial exploitation as defined in RCW 43.43.830(6) as amended, if the victim was a vulnerable adult and listed as follows: first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future?

Answer _____ IF YES, PLEASE EXPLAIN BELOW.

3. Have you **ever** been convicted of any crime related to drugs as defined in RCW 43.43.830 and listed as follows: manufacture, delivery, or possession with intent to deliver a controlled substance?

Answer _____ IF YES, PLEASE EXPLAIN BELOW.

4. Have you **ever** been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer _____ IF YES, PLEASE EXPLAIN BELOW.

Additional questions on back side of form.

5. Have you **ever** been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer_____ IF YES, PLEASE EXPLAIN BELOW.

6. Have you **ever** been found in any final disciplinary board decision, or by the director of the department of licensing in the following business or professions (chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathy, physical therapy, physicians, practical nursing, registered nursing, psychology, real estate brokers, and salesperson), to have sexually or physically abused any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

Answer_____ IF YES, PLEASE EXPLAIN BELOW.

7. Have you **ever** been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

Answer_____ IF YES, PLEASE EXPLAIN BELOW.

Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification or termination of service. Furthermore, it is understood that this statement and record become the property of the Everett School District. A criminal history on volunteers may be requested through the Washington State Patrol or Federal Law Enforcement Agencies.

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. In consideration of the District's review of this statement, I release the District and all providers of information about me from any liability as a result of furnishing or receiving any of the information.

If at any time I am convicted of any of the crimes or found to have violated any of the items listed above, I will immediately notify the Everett Public Schools Volunteer or Human Resources office.

Print Name_____

Volunteer Signature_____

Date_____

City/State_____

**PLEASE RETURN YOUR COMPLETED FORM TO YOUR BUILDING ADMINISTRATOR/
SUPERVISOR. THIS FORM WILL BE KEPT ON FILE IN THE SCHOOL/SITE OFFICE.**

Revised: April 7, 1997
Revised: July 2004

Name: _____
School: _____

Everett Public Schools

Volunteer Interest Form

*The following information will help the volunteer office find the right volunteer experience for you.
In addition, this information will be shared with the school volunteer coordinators.*

Please indicate your availability:

☐ Once a week ☐ Once a month ☐ Once/Special Event

Please indicate the grade level you wish to volunteer in:

Elementary	K	1	2	3	4	5
Middle	6	7	8			
High	9	10	11	12		

☐ I am willing to work at any grade level.

Please indicate what your interests are for volunteering (*please choose more than one if applicable*):

- | | |
|---|--|
| <input type="checkbox"/> reading | <input type="checkbox"/> field trip |
| <input type="checkbox"/> writing | <input type="checkbox"/> advisory committees |
| <input type="checkbox"/> math | <input type="checkbox"/> fund-raising |
| <input type="checkbox"/> science | <input type="checkbox"/> students with disabilities |
| <input type="checkbox"/> art | <input type="checkbox"/> monitor (playground, bus line, hallways, cafeteria, etc.) |
| <input type="checkbox"/> music room | <input type="checkbox"/> help limited/non-English speaking students |
| <input type="checkbox"/> technical programs | <input type="checkbox"/> assist teachers with bulletin boards, preparing projects, copying, etc. |
| <input type="checkbox"/> industrial/trades | <input type="checkbox"/> classroom career exploration speaker |
| <input type="checkbox"/> office | <input type="checkbox"/> professional speaker |
| <input type="checkbox"/> library | <input type="checkbox"/> job shadow (student comes to you) |
| <input type="checkbox"/> P.E./athletics | <input type="checkbox"/> no preference |

Please list individual hobbies, interests, special skills or other information that would help us find just the right volunteer experience for you:

Thank You!

Everett Public Schools, Communications/Volunteers
4730 Colby Ave. *Everett, WA*98203*(425)385-4041

Revised August 2004

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Everett Public Schools No. 2
ATHLETIC TRANSPORTATION REQUEST

Rev. 08/18/03

FOR TRANSPORTATION USE ONLY

Transportation Code: _____

Contest Date: _____ Bus _____ Conv _____ Transit _____

School: _____ Budget Code to Charge: _____

Destination: _____

Address of Destination: _____
(Required)

Coach: _____ Sport: _____ Team: _____

Total # Going: _____

Leave Time

Return Time

Arrive at School: _____ Leave Destination: _____

Leave School: _____ Return to School: _____

Pick-up Place: _____

Coach(es): _____

Special Transportation Instructions:

Request/Comments: _____

Administrator of Transportation Date Building Administrator of Athletics Date

Send completed form to Transportation Department. Principal's Office retains pink copy.

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Agreement # _____

EVERETT PUBLIC SCHOOLS

REQUEST TO USE SCHOOL FACILITY

Event/Group Information

NAME OF EVENT _____
 NAME OF GROUP USING FACILITY _____
 EVENT CONTACT PERSON _____
 PHONE (day) _____ (eve) _____ E-MAIL _____
 MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
 For Tickets Call: _____ Box office opens at: _____ Tickets Priced \$ _____ to \$ _____
 Curtain/Meeting start time(s): _____ Expected attendance: #adults _____ #youths _____ total _____
 SPONSOR (IF DIFFERENT FROM ABOVE) _____
 *BUILDING ADMINISTRATOR SIGNATURE (for School Use Only) _____

**Signature indicates school/district sponsored event.*

Schedule

STARTS DAY OF WEEK _____ DATE _____ **TIME _____
ENDS DAY OF WEEK _____ DATE _____ **TIME _____
 If weekly, list dates: _____

****Time:** list time staff is to open door; and time last user will leave building

Building	Room	*Civic Auditorium
<input type="checkbox"/> Cascade High School <input type="checkbox"/> Everett High School <input type="checkbox"/> Jackson High School <input type="checkbox"/> Sequoia High School <input type="checkbox"/> Eisenhower Middle <input type="checkbox"/> Evergreen Middle <input type="checkbox"/> Gateway Middle <input type="checkbox"/> Heatherwood Middle <input type="checkbox"/> North Middle <input type="checkbox"/> Cedar Wood Elem. <input type="checkbox"/> Emerson Elem. <input type="checkbox"/> Garfield Elem. <input type="checkbox"/> Hawthorne Elem. <input type="checkbox"/> Jackson Elem. <input type="checkbox"/> Jefferson Elem. <input type="checkbox"/> Lowell Elem. <input type="checkbox"/> Madison Elem. <input type="checkbox"/> Mill Creek Elem. <input type="checkbox"/> Monroe Elem. <input type="checkbox"/> Penny Creek Elem. <input type="checkbox"/> Silver Firs Elem. <input type="checkbox"/> Silver Lake Elem. <input type="checkbox"/> View Ridge Elem. <input type="checkbox"/> Whittier Elem. <input type="checkbox"/> Woodside Elem. <input type="checkbox"/> Lively Enviro. Ctr	<input type="checkbox"/> Library <input type="checkbox"/> Faculty Lounge <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria/Commons <input type="checkbox"/> Kitchen-- [see back; #4] <input type="checkbox"/> Tennis courts <input type="checkbox"/> Main Gym <input type="checkbox"/> Aux. Gym <input type="checkbox"/> Track <input type="checkbox"/> Locker Room <input type="checkbox"/> Field **Type [i.e., football] ** _____ ** _____ ** _____ ** _____	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> _____ 1,552 occupant load _____ 1,496 occupant load with orchestra area cleared. * _____ Person answering phone during event </div> <div style="border: 1px solid black; padding: 5px;"> <h3 style="text-align: center; margin: 0;">Memorial Stadium</h3> _____ Track/Football Facility occupant load 10,000 _____ Baseball Facility occupant load 3,500 _____ Practice Field (grass) _____ Locker Rooms </div>

Services (pending availability)

Qty	Item	Qty	Item
_____	Podium	_____	Piano
_____	Table	_____	Sound Shell-Auditorium only
_____	Microphone	_____	Band Riser-Auditorium only
_____	Chair	_____	Other**
_____	Marley Floor	** _____	

(Auditorium only. \$85.00 fee per use.)

Staff Use Only

Facility Cleared _____ By _____
 Book _____ User Confirm Copy _____
 Principal _____ Custodian _____ Secretary _____
 Maintenance _____ Chrono _____
 Other _____

Custodian Use Only

Custodian _____
 Time User In _____ Out _____ #Attend _____

For Office Use Only:

Invoice #: _____ Priority #: _____
 Date certification form was received: _____
 Insurance: _____

I, _____ (hereafter referred to as "User"), agree that the information on this request is true and complete to the best of my knowledge. I further agree to abide by these conditions:

1. The request to Use a School Facility Form, Certification Form, rental/monthly fees, and insurance are due **two weeks** prior to the first date of the event.
2. Written notice of cancellation must be given at least two weeks prior to the scheduled rental date.
3. Overtime will be billed; charges must be paid within two weeks after the invoice date.
4. If you plan to utilize the kitchen facilities you will need to contact the Food Services Department two weeks prior to your event at (425) 385-4250.
5. The user will be held responsible for costs of repair for damages, as determined by the Everett Public Schools.
6. The user will provide proof of required assets and proposed insurance as follows:
 - A. Limits of General Liability: \$1,000,000 Combined Single Limit per occurrence.
 - B. A Certificate of insurance naming the Everett Public Schools as additional named insured, must be received by the Everett Public Schools at least two weeks before facility use begins.
 - C. If self-insured, the party must provide proof of insurance coverage acceptable to Everett Public Schools for the purpose of the rental.
7. The following person/organization will be responsible for payment of all charges;
NAME _____ TITLE _____
ORGANIZATION _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE (day) _____ (eve) _____
FEE\$ _____ INVOICE _____ DUE DATE _____
8. All usage shall conform to requirements set forth in the Uniform Fire Code. The user shall restrict attendance to the facility's assigned occupant load. Section 4.108 of the U.F.C. states that any candle or open flame used in assembly requires a permit from the Everett Fire Department at (425) 257-8120. A copy of any permit issued must be on file with Everett Public Schools two weeks prior to event. All facility use outside of the City of Everett boundaries shall strictly adhere to section 4.108 of the Uniform Fire Code. Violations shall be deemed a misdemeanor and shall be punishable by a fine of not more than \$1,000 or not more than ninety days in jail.
9. The user will be held responsible for supervision and control of all individuals present during the time of the facility use. Animals are not allowed inside Everett Public School facilities. Alcohol, tobacco and firearms/weapons are prohibited on all Everett Public School property.
10. Compliance must be made with all federal, state and local laws prohibiting discrimination with regard to creed, race, color, sex, age, national origin or disability.
11. User agrees to notify the district technician or custodian of any accidents immediately and file a District Accident Report.
12. User is responsible for all copyright or royalty fees associated with this activity.

SIGNATURES

The user agrees to protect, indemnify, and hold harmless the district, it's elected and appointed officials, employees, agents, staff and volunteers, from any and all claims, liabilities, damages, expenses, or rights of action, directly or indirectly attributed to the users activities and /or use of premises, in connection with this agreement, except for the sole negligence of the district.

User _____ Date _____

Confirmation _____ Date _____

(Everett Public Schools)

Please return this form, both sides complete to:

(for EVERETT MEMORIAL STADIUM & LINCOLN FIELD rentals):

Everett Public Schools, Athletics

3721 Oakes Avenue

Everett, WA 98201

Ph: (425) 385-4260 Fx: (425) 385-4262

(for EVERETT CIVIC AUDITORIUM & ALL OTHER RENTALS):

Everett Public Schools, Community Services

PO Box 2098

Everett WA 98213-0098

Ph: (425) 385-4045/(425) 385-4046 Fx: (425) 385-4012

When your agreement has been confirmed, a copy will be mailed to you.

05/18/04

Everett Public Schools

ATHLETIC CODE OF CONDUCT

Athletics Code of Conduct outlines the rules, regulations, and expectations for students participating in Everett Public Schools athletics and athletics. This document is published by the Department of Athletics and Athletics, Robert Polk, Director. For information regarding this document, please call 425-385-4260.

The Everett School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, creed, color, national origin, sex, sexual orientation, marital status, age, veteran status, or disability. This holds true for all students who are interested in participating in educational programs and/or extracurricular school athletics. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Affirmative Action Officer, Title IX Officer, ADA, Section 504 Coordinator.

PHILOSOPHY- Participation in school sponsored athletics is a privilege. Lessons learned through participation in athletics will assist students in their preparation for life after high school. By participating in athletics, students will learn cooperation, respect, sportsmanship, hard work, and commitment to others.

PURPOSE- The Everett Public Schools' athletic code outlines the rules and guidelines that must be followed by students participating in the District athletics, dance and cheerleading programs. Following this code makes the students responsible for their eligibility, accountable for their actions, and prescribes fairness to all participants.

DEFINITIONS

Appeal- The ability for the student to challenge a probation, suspension, or expulsion ruling.

Building Eligibility Committee- A group of coaches and/or administrators chosen by the building principal to make recommendations on student eligibility. The principal makes all final decisions.

Expulsion- The student is removed from the team and can not practice or participate in contests.

Probation- A student may practice/compete/participate with the program but must correct a grade deficiency.

Suspension- With principal's permission, a student may practice/participate but MAY NOT compete/perform with the program until the terms of the suspension are met and the student is reinstated.

Violation- Not meeting the standards set by the Athletic Code or WIAA regulations.

WIAA- Washington Interscholastic Athletics Association

SPORTSMANSHIP- I, the participant, understand the importance of being a good sport. Sportsmanship is a demonstration of generosity and genuine caring for others. It is a concrete measure of the understanding and commitment to fair play, ethical behavior, and integrity. It is respect for one's self and others. Although sportsmanship is the responsibility of everyone, athletes and coaches have the biggest responsibility.

EXPECTATIONS- I understand that participation in the athletics program of Everett Public Schools is a privilege. Because students involved in athletics perform and represent their schools in public, they are expected to conduct themselves at all times in a manner that will reflect the high standards and ideals of their sport, team, school, and community. I will be held accountable academically and behaviorally throughout the entire year.

I understand that this athletic code covers standards of conduct both in and out-of-season and shall remain in effect 365 days after my signature.

Participation- I will attend all organized functions including practices, competitions, meetings, and celebrations unless the coach/advisor designates such activities as optional. Coaches/Advisors may excuse me from events for reasonable situations per his/her discretion.

School Attendance- Unless approved by a building administrator, I must attend and fully participate in all class periods of the school day to be eligible for contests or practices that day. If I am absent from one or more classes due to illness, I am ineligible to participate or compete that day. If I am suspended from school, including in-school suspension, I may not participate in practices or contests.

Conduct- I will conduct myself in a way that promotes a positive image of the school, the community, and me. If I act in a way that reflects negatively upon the school, the community, or me, I will be subject to discipline under the Athletic Code. This may include suspension or permanent removal from the sport. Acts that reflect negatively include, but are not limited to, academic fraud or cheating, plagiarism, criminal activity, harassment, intimidation, and bullying. Such acts may occur during school or non-school activities performed either on- or off-campus.

Athletic Fees- In order to participate in Athletics, I must pay an Athletic Fee before the first contest of each season to offset the cost of transportation, coaching stipends, and other costs. If I cannot afford the fee, I will request a reduced fee or payment plan. Students who compete in 3 HS sports or 4 MS sports will have their spring fee waived. Refunds will not be given after the first contest.

ASB Card- In order to participate in ASB-sponsored athletics, I must purchase an ASB card. The price of the card will be determined by the ASB student council of my school. Accommodations may be made if I am a student who qualifies for free or reduced lunch and cannot afford an ASB card. This shall apply to home-school and Running Start students as well.

Athletic Rules- Each team will have rules and regulations unique to the team. The coach/advisor will provide me and my teammates with a written copy of these rules. Violation of these rules may result in placing me on probation, suspension, or expelled status.

Participation in Community Athletics- During any sports season, after joining a school team, I may not miss events, practices or games for the purpose of participating in non-school athletics unless I have my coach's permission to miss the events, practice, or games. If I miss the school events without permission, I will be subject to the attendance rules and consequences as determined by my coach.

Out-of-Season Participation- Except during the specific sports season, schools cannot offer nor can students participate in any school activity that resembles a practice in a given sport. The exception is for that period of time from the last WIAA spring activity until August 1 for fall sports and the first fall turnout for winter and spring sports. Any such school-sponsored activity must be open to all students in the school and include a variety of different activities.

ATHLETIC ELIGIBILITY REQUIREMENTS (See the WIAA handbook for more detailed explanations.)

To be eligible for athletic competition, the following requirements must be met:

Accurate information- If it is determined that my parents/guardians or I provide the school with false information which caused the school to declare me eligible, I will be declared ineligible for interscholastic competition for a period of one calendar year.

Current Physical- I must have a current physical within the last 24 months and it must be on file with my school. Physicals must be performed by a licensed medical professional including MD, Doctor of Osteopathy (DO), Certified Registered Nurse (ARNP), Physician's Assistant (PR), or Naturopathic Physicians. Physicals performed by Doctors of Chiropractic are not acceptable. If my current physical will expire during a sports season, I will not be permitted to turn out for that sport until my physical is updated.

Insurance- I shall provide proof that I have a minimum of \$25,000 in insurance coverage. If I do not have this coverage, I will obtain insurance through the plan offered to all students in the school district. If I can not afford the insurance premium, the district may approve a full or partial waiver of the premiums so that I may participate.

Paperwork- I must submit the following: a) completed and signed emergency card; b) eligibility questionnaire which includes permission to play, proof of insurance, and acknowledgement of the Athletic Code of Conduct and parent/coach/athlete communication; and c) acknowledgment of the risk of injury specific to the sport I wish to play. I also understand that I must purchase an ASB card from the school where I am participating.

Member of School- I must be a member of the school in which I participate (enrolled a minimum of a half-day). If I attend a private school, alternative school, or home school where a sport is not offered, I may participate in the sport at the public school in my resident attendance area as long as all other eligibility requirements are met. Private middle school students may play at their resident public school or the public school closest to their private school as long as they live within the Everett School District boundaries. The student must play all sports at the same school in 7th AND 8th grade.

Residence- I must reside with my natural parents or legal guardian within the boundaries of the school for which I participate. I cannot transfer between schools for athletic purposes without a change of residence.

Previous Semester- I must pass five (5) of six (6) classes or six (6) of seven (7) classes in the previous semester or trimester. Summer school is counted as part of the spring semester. In *high school*, if I do not meet these conditions, I will be suspended from competition through the last Saturday of September and until the District academic and attendance requirements are met. In *middle school*, if I do not meet these conditions, I will be suspended from competition until the Monday of the third week of the current trimester/semester and until the District academic and attendance requirements are met. Academic marks in the spring trimester of 6th grade shall be used to determine 7th grade eligibility. Marks from the spring trimester of 8th grade shall be used to determine 9th grade eligibility. **Seniors on track to graduate may be eligible spring semester of senior year if enrolled and passed 4 classes in fall semester of senior year.*

Current semester- I must be enrolled in a minimum of five (5) full time classes in a six (6) period day or six (6) classes in a seven (7) period day. **Seniors on track to graduate may enroll in one less class (4) in fall and spring semesters.*

Age- High school students- I must be under age 20 on September 1 for fall sports, on December 1 for winter sports, and on March 1 for spring sports. **Middle school students-** I must not have reached my 15th birthday prior to June 1 of the previous school year. If I am ineligible to compete at the middle school due to the age rule, I may participate in all sports at the high school level with agreement between the middle and high school principals at the schools involved.

Season Limitations- After entering or being eligible to enter the seventh grade, I shall have six (6) years of interscholastic eligibility. If I repeat the seventh or eighth grade for documented academic reasons, the repeated year shall not count against my six (6) competitive years. After entering the ninth grade, I shall have four (4) consecutive years of interscholastic eligibility. If I choose not to participate or do not attend school, I forfeit my eligibility for that period of time.

Fines and Equipment- I must not have unpaid athletic fines. I am responsible for all athletic gear issued to me and must return the equipment in good condition with reasonable wear and tear.

Transfer of Resident/Non-Resident Students- If I transfer from one high school within or outside the Everett School District to another high school within or outside the Everett School District, I am NOT automatically eligible to participate in varsity athletic programs. If my parents/guardians move their primary residence to another school service area and I meet all other eligibility requirements, I may be eligible at the varsity level at the new school. I may need to petition the Northwest District (NW I) Eligibility Board for eligibility. If I am a transfer student, I will contact the building athletic administrator.

Exchange Students- If I am a student from a foreign country, I must complete a form and be cleared by the WIAA to be eligible to compete on an interscholastic team. When approved, I have one year of varsity eligibility. I will contact the building athletic director for more information. If I am an Everett School District student and plan to participate in a foreign exchange program, I will notify my building athletic administrator before leaving.

Amateur Standing- I must be in amateur standing to compete in interscholastic athletics. This means I may not have accepted cash awards or merchandise of more than \$300 in value for athletic activities, played with any professional team in any sport, or entered a competition under an assumed name.

MAINTENANCE OF ELIGIBILITY FOR ATHLETICS- Once a student is deemed eligible, the following standards must be maintained to participate in athletic events.

Attendance -Unless my absence is approved by a building administrator, I must attend and participate in all classes to be eligible to participate in a practice or game that day.

Academic Standards-After satisfying the initial eligibility requirements, I must be passing (no grade of F) all scheduled class to remain fully eligible during the season. My academic progress will be checked by my coach every two (2) weeks in middle school and every three (3) weeks in high school. The first grade check will occur the week of the 4th Monday in September.

If I have earned an F grade in any class, I will be placed on academic probation for one week beginning the following Monday. I may continue to practice and compete if I attend daily homework clubs or work with my teacher for a minimum of 30 minutes prior to attending practice. If my grade(s) improve(s) within the week, I will be removed from probation. My grade improvement will be verified by a progress tracking sheet initiated by me and submitted to the athletic coordinator.

If after one week of probation my grade has not improved, I will move to academic suspension status beginning the following Monday. I can continue to practice with my team if I attend daily homework clubs or work with my teacher for a minimum of 30 minutes prior to attending practice but I cannot compete in a minimum of one contest until my grade(s) improve(s).

If I am placed on probation or suspension status and I feel that I am working to my full capacity, I may appeal my status to the building eligibility committee.

At the beginning of a new semester, the WIAA scholarship rule will take precedent as improving grades from the previous semester will not be possible.

Ejected from Contest- If I am ejected from a contest by a contest official, I must sit out the next two (2) contests at the same level of competition. Varsity players may not play sub-varsity and sub-varsity players may not play varsity to avoid this two (2) game suspension. I may appeal to the building athletic coordinator to have the suspension reduced to one (1) contest. If I am ejected from a second contest in the same sport during the same season, I will be ineligible for the remainder of the season of that sport.

Suspended from School- If I am suspended from school, I cannot practice, compete or perform in an event during the period of suspension. If I am a transfer from another school while on suspension from my previous school, I will not be eligible to participate in athletic programs for the duration of the suspension.

Conviction of a Crime- If I am convicted of a crime by the criminal justice system, I may be subject to ineligibility after review by my school's administrators.

RUNNING START/HOME INSTRUCTION STUDENTS- Students involved in Running Start or home instruction programs must meet the same eligibility standards as all other students. Such students may participate only at the school in their residence area. Refer to the WIAA Handbook for further details.

ILLEGAL SUBSTANCES: I shall not be under the influence, possess, sell, deliver, and/or use alcohol, any form of tobacco, or illegal drugs or a controlled substance not prescribed by a physician for me. I also shall not be in the presence of, or remain in the vicinity of, others illegally using alcohol or using illegal drugs or controlled substances not prescribed by a physician for the user. If I arrive at a party, function, or other location where illegal drugs or controlled substances are being used, sold, or delivered or substances (such as alcohol) are being illegally used, sold, or delivered, I shall immediately leave the premises. Failure to immediately leave the premises will result in the same discipline as actual use. In all cases, if I am in violation, I must follow the reinstatement process outlined below.

Drug and Alcohol Violations

First violation. A first violation discovered through an investigation shall result in immediate suspension for forty-two (42) calendar days or the remainder of the season, whichever is longer. This ineligibility also carries into the next season (as previously defined) in which the student participates. A student who admits wrong doing and cooperates honestly in the investigation may have their suspension reduced to twenty-eight (28) calendar days. A student who self-reports a violation prior to any investigation or inquiry may have their suspension reduced to fourteen (14) calendar days. All violations carry a minimum one-game suspension.

Second violation. The penalty be removal from all athletic participation for a period of one calendar year.

Third violation. The penalty shall be permanent removal from all athletic participation for the remainder of the athlete's high school career and, in the case of drugs, permanent ineligibility at all WIAA institutions for the remainder of the athlete's high school career (WIAA Rule 18.22.0).

Tobacco Violations (including smoking and smokeless tobacco)

First violation. The penalty shall be immediate suspension for fourteen (14) calendar days. This may be reduced to seven (7) calendar days if the student self-reports prior to an investigation or inquiry. All violations carry a minimum one-game suspension..

Second violation. The penalty shall be immediate suspension for twenty-eight (28) calendar days.

Third and subsequent violations. The penalty shall be immediate suspension for forty-two (42) calendar days.

**Suspensions for middle school violations shall be one-half the length of high school suspensions.*

REINSTATEMENT PROCESS: Application for reinstatement following any form of athletic discipline will be accepted by the principal upon completion of the following:

1. Letter of intent and purpose of reinstatement
2. Drug, alcohol and/or tobacco assessment by an individual agency that is acceptable to the school district. Results will be shared with family and school administration.
3. Proof that a drug, alcohol and/or tobacco counseling or preventative education program has been completed.
4. Treatment recommendations must be followed as a condition for reinstatement.

5. The principal may waive any or all of the requirements above if deemed appropriate. Final decision for reinstatement resides with the school principal.

DUE PROCESS- If I feel that I am being unjustly punished, I may appeal in the following manner.

1. I may submit a written appeal to the building athletic administrator expressing my concern within three (3) school days of being notified of my suspension. This appeal will be reviewed by the building eligibility committee.
2. If the building eligibility committee finds against me, I may submit a written appeal to the District Director of Athletics and Activities within two (2) school days of the eligibility committee's finding
3. If the District Director of Athletics and Activities finds against me, I may appeal to the Discipline Appeal Council in writing within two (2) school days. The findings of this committee shall be final.

TRANSPORTATION- When I participate in athletic events, I will ride district provided transportation to and from the event when it is provided. My parents may transport me after events if they provide a written request to my coach releasing the district of responsibility for me. I may transport myself under the following exceptions:

1. Transportation is not provided, the practice/event takes place within the Everett and/or select neighboring schools, occurs after 4:00 PM, AND I leave campus in the interim.
2. The practice facility is off-campus, I provide proof of a valid driver's license, proof of insurance, AND written permission from my parent/guardian to drive my own car to and from the practice. I will not drive other students.

INJURIES- If I am injured, I will report it to the coach/advisor/trainer immediately. The coach/advisor/trainer may provide some treatment if it is deemed appropriate. The coach/advisor/trainer may recommend I see a medical professional for further evaluation. If I consult a physician, I must obtain written permission from that physician prior to returning to practice or competition. If I am seriously injured (concussion, broken bone, surgery, etc.) outside of school activities in season or out of season, I will notify my coach, athletic coordinator, and/or athletic trainer so that they can monitor me in the event of re-injury or subsequent concussions.

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Everett Public Schools
Athletic Eligibility Questionnaire
A new form must be completed at the start of each sports season.

Student Name	Student#	Grade	DOB	Age	Gender	Sport
--------------	----------	-------	-----	-----	--------	-------

Current Address: _____

1. What school/District did you attend last trimester/semester? **School** _____ **District** _____
(Private MS athletes must play at the same Everett school in 7th AND 8th grade. Requests to change must be made in writing to the District Athletic Director.)
2. Are you a new student to Everett Public Schools this year? ☐ Yes ☐ No
3. Do you and your parent(s)/guardian live in your school's attendance area? ☐ Yes ☐ No
If no, where do you live? _____
4. Are you living with your parent(s)/guardian? ☐ Yes ☐ No
5. Will you **remain enrolled** in at least five (5) HS classes (12 Running Start credits) or six (6) MS classes **throughout the season**? ☐ Yes ☐ No
6. Are you a running start, alternative school or home school student? ☐ Yes ☐ No
7. Were you enrolled as a full-time student & did you pass all your classes last trimester/semester? ☐ Yes ☐ No
8. Are you a foreign exchange student? ☐ Yes ☐ No
9. Have you repeated any grade or withdrawn from school at any time since the start of 7th grade? ☐ Yes ☐ No
If yes, what grade was repeated? _____
10. HS: Will you be under the age of 20 on the first day of the season? ☐ Yes ☐ No
MS: Were you under the age of 15 prior to June 1 of the previous school year? ☐ Yes ☐ No
11. Did you experience a significant injury during a school or non-school activity within the last year (concussion, surgery, broken bone, etc.)? ☐ Yes ☐ No
If yes, explain. _____

False information may result in the loss of athletic eligibility and the forfeiture of team games.

FERPA RELEASE:

☐ Yes ☐ No I give permission for this student-athlete to appear in any publications for the purpose of telling of activities happening in the Everett School District. I understand that these publications might include school informational or promotional brochures, pictures, newspaper articles and/or newsletters relating to school activities. I further consent to allow physicians or health care providers, including athletic trainers, to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

MEDICAL INSURANCE/WAIVER (Check one box)

- ☐ I have purchased athletic insurance offered through the school district. (Date purchased: _____)
- ☐ I have my own insurance with _____ policy # _____
- ☐ I cannot afford athletic insurance. Contact your coach, principal or athletic coordinator for an application for the Athletic Department to determine if there is a need for athletic insurance to be purchased for you.

Medical expenses not covered by insurance are the responsibility of the family.

ATHLETIC FEE (\$100/HS or \$40/MS, payable to Everett School District) (Check one box)

- ☐ My user fee will be paid to the ASB office prior to the first contest.
- ☐ Due to financial hardship, I request a reduced fee or payment plan for my fee. (Contact you school's athletic coordinator)
- ☐ I qualify for free/reduced lunch and request a waiver of the user fee. I understand that this will be verified through the food and nutrition department.

(Students will be ineligible to compete until fee is paid or other arrangements made.)

CONCUSSION INFORMATION ACKNOWLEDGEMENT

My Parent/Guardian and I have reviewed the Concussion Information Sheet. We understand concussions are serious and if we see or experience signs or symptoms of a concussion, we will seek medical attention. Coaches will also be notified.

☐ We have reviewed the Concussion Information Sheet.

PARENT/STUDENT/COACH COMMUNICATION

My Parent/Guardian and I agree to follow all protocol listed within the document. Parents/Guardians will encourage their athlete to discuss athletic concerns with his/her coach before intervening. They also will schedule appointments with coaches to discuss concerns rather than raise them at practices or games.

☐ We accept the protocol. ☐ We do NOT accept the protocol.

(Failure to accept the conditions of this document will result in immediate ineligibility.)

PARENT/GUARDIAN SPORTSMANSHIP ACKNOWLEDGEMENT

I understand that the players, coaches and officials involved in athletics work hard to prepare for contests and my support and understanding are expected. It is a privilege, not a right, that I am admitted into contests in order to support the spirit of athletics and the endeavors of the players. I am expected to demonstrate respect and class for the players, coaches, fellow fans and officials by cheering great plays, accepting the calls by the officials and supporting everyone involved in the contest no matter what team they are on. If I fail to act in a respectful way, I may be asked to leave contests. I am expected to win with class and lose with dignity just like the athletes.

☐ I accept my role in sportsmanship. ☐ I do NOT accept my role in sportsmanship.

(Failure to accept your role in sportsmanship will result in immediate ineligibility.)

STUDENT-ATHLETE SPORTSMANSHIP ACKNOWLEDGEMENT

I am expected to treat my teammates, opponents, coaches, and officials with the same respect I expect from them. I will act with sportsmanship, play by the rules, play hard, have fun, accept the calls of officials, win with class and lose with dignity. I will represent my school and my team with excellence. I understand that participation in athletics is a privilege, not a right.

☐ I accept my role in sportsmanship. ☐ I do NOT accept my role in sportsmanship.

(Failure to accept your role in sportsmanship will result in immediate ineligibility.)

ATHLETIC CODE ACKNOWLEDGEMENT

My Parent/Guardian and I have read and understand the athletic code. We understand that athletes must be enrolled in at least 5 classes (12 Running Start credits) or 6 middle school classes, attend all periods in a day to be eligible for practices and games AND athletes must pass all classes. Athletes shall not use or be at events where other students are using drugs, alcohol or tobacco. We understand that this code shall apply 24 hours a day, year around.

☐ We accept the athletic code. ☐ We do NOT accept the athletic code.

(Failure to accept the conditions of the athletic code will result in immediate ineligibility.)

I certify that my responses above are valid and accurate and I understand the terms of the athletic code. I also pledge to represent my school and team with great sportsmanship behavior.

Student Athlete Signature

Date

Parent/Guardian Signature

Date

CLEARANCE

TO BE COMPLETED BY ATHLETIC OFFICE

Parent Permission ☐ Yes ☐ No

Phys. Exp. Date _____

Health History ☐ Yes ☐ No

Emergency Card ☐ Yes ☐ No

Safety Guidelines ☐ Yes ☐ No

ASB Card ☐ Yes ☐ No

User Fee ☐ Yes ☐ No

Fines Clear ☐ Yes ☐ No

Grades OK ☐ Yes ☐ No

Insurance Purchase Date _____

Other _____

Authorized Signature: _____

Date: _____

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Everett Public Schools
Pre-participation History and Physical Examination
Medical history must be completed at the beginning of each sports season.

Form B
Created 03/10/05

Name: _____ Birth Date: _____ Exam Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Sport: _____

HISTORY

- | | Yes | No | |
|-------|--------------------------|--------------------------|--|
| 1 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any illness/injury recently, or do you have an illness/injury now? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had a medical problem, illness or injury since your last exam? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any chronic or recurrent illness? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any illness lasting more than a week? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been hospitalized overnight? |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any surgery other than tonsillectomy? |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any injuries requiring treatment by a physician? |
| h. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have ANY allergies (medicines, bees, foods, or other factors)? |
| 4 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had chest pain, dizziness, fainting, passing out during or after exercise? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Do you tire more easily or quickly than your friends during exercise? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any problem with your blood pressure or your heart? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have any close relatives had heart problems, heart attack or sudden death before they were age 50? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any skin problems (acne, itching, rashes, etc.)? |
| 6 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had fainting, convulsions, seizures or severe dizziness? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have frequent severe headaches? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a "stinger" or "burner" or "pinched nerve"? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been "knocked out" or "passed out"? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a neck or head injury? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had asthma, or trouble breathing, or cough during or after exercise? |
| 9 a. | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear eyeglasses, contact lenses or protective eye wear? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any problem with your eyes or vision? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear any dental appliance such as braces, bridge, plate, retainer? |
| 11 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a knee injury? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an ankle injury? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever injured any other joint (shoulder, wrist, fingers, etc.)? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a broken bone (fracture)? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a cast, splint, or had to use crutches? |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Must you use special equipment for competition (pads, braces, neck roll, etc.)? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Has it been more than 5 years since your last tetanus booster shot? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Are you worried about your weight? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES: Have you any menstrual problems? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Have you any medical concerns about participating in your sport? |

***** ATHLETE SHOULD NOT WRITE BELOW THIS LINE *****

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

Everett Public Schools

Pre-participation History and Physical Examination

A new physical must be completed and on file with the school every 24 months.

PHYSICAL EXAMINATION

STUDENT NAME: _____

EXPIRATION DATE _____

(School Use Only)

Age: _____ Pulse: _____

Height: _____ Blood Pressure: _____

Weight: _____ Visual Acuity: Left 20/ _____
Right 20/ _____

Optional

Urinalysis:

Body Fat %

HCT:

EST VO2 Max:

Audiometry:

Normal

- | | | |
|--------------------------|-----|------------------------------|
| <input type="checkbox"/> | 1. | Head |
| <input type="checkbox"/> | 2. | Eyes (pupils), ENT |
| <input type="checkbox"/> | 3. | Teeth |
| <input type="checkbox"/> | 4. | Chest |
| <input type="checkbox"/> | 5. | Lungs |
| <input type="checkbox"/> | 6. | Heart |
| <input type="checkbox"/> | 7. | Abdomen |
| <input type="checkbox"/> | 8. | Genitalia |
| <input type="checkbox"/> | 9. | Neurologic |
| <input type="checkbox"/> | 10. | Skin |
| <input type="checkbox"/> | 11. | Physical Maturity |
| <input type="checkbox"/> | 12. | Spine, Back |
| <input type="checkbox"/> | 13. | Shoulders, Upper extremities |
| <input type="checkbox"/> | 14. | Lower extremities |

Abnormal

- | | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

Assessment: ☐ Full participation
☐ Limited participation (describe limitations, restrictions):

☐ Participation contraindicated (list reasons):

Recommendations (equipment, taping, rehabilitation, etc.):

DATE: _____

EXAMINER'S SIGNATURE: _____

PHONE: () _____

EXAMINING PHYSICIAN STAMP OR
ATTACH BUSINESS CARD HERE



Everett Public Schools
Athletic Emergency Information

FORM C
Revised 3/15/2005

In the event of a medical emergency, medical personnel may need to know the following information. This form is to be completed prior to the start of each sports season. **Please print legibly.**

Athlete's Name _____ DOB _____ Age _____

Address _____ Grade _____

Parent/Guardian _____ Phone (Hm/Wk/Cell) _____

Parent/Guardian _____ Phone (Hm/Wk/Cell) _____

Emergency Contact #1 _____ Phone (Hm/Wk/Cell) _____

Emergency Contact #2 _____ Phone (Hm/Wk/Cell) _____

Athlete's Physician _____ Phone _____

Insurance Co. _____ Policy Holder's Name _____

Name of Preferred Hospital _____

I understand that in the event of an emergency, medical personnel will provide whatever emergency treatment is necessary after all reasonable effort has been made to contact parent, legal guardian and family physician.

Parent/Guardian Signature _____ Date _____

****Please complete other side****

Please complete the following. If it does not apply, write N/A:

Known allergies: _____

Current medications: _____

Important medical history including diabetes, heart disease, epilepsy, etc: _____

Date of last tetanus shot: _____

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PARENT COACH COMMUNICATION

PARENT COACH COMMUNICATION

Everett School District No. 2

BASEBALL SAFETY GUIDELINES

High School

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

1. **Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly fitted or defective equipment.**
2. **Advise the coach if you are ill or have any prolonged symptoms of illness.**
3. **Advise the coach if you have been injured.**
4. **Engage in warm-up activities prior to strenuous participation.**
5. **Be alert for any physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.**
6. **Recognize your surroundings; i.e., batters warming up, thrown bats, batted or thrown balls, on-deck circles (one person at a time).**
7. **Use hard hats while batting/running bases/hitting in batting cages (baseball).**
8. **Familiarize yourself with surroundings and grounds; i.e., fences, field conditions such as holes, lips on infield edges, etc., when playing on away fields.**
9. **Be aware of the potentially serious injuries to your ankles, knees, and legs if you do not follow the correct procedures in base running. Sliding headfirst into bases should be avoided.**
10. **Follow instructions regarding communication between players; i.e., talking and calling each other off on "pop flies" and Texas leaguers, etc.**

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the baseball program.

Athlete's Signature

Date: _____

Parent or Guardian's Signature

Date: _____

High School
Revised 7/26/02

Please Print Name: _____ Student ID _____

Office use only:

Emergency/Physical:

Yes ☐ No ☐

Academics:

Yes ☐ No ☐

Eligibility/Parent Permission/Athl Code:

Yes ☐ No ☐

ASB Card:

Yes ☐ No ☐

Everett School District No. 2

BASKETBALL SAFETY GUIDELINES

High/Middle School

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

1. **Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly fitted or defective equipment.**
2. **Advise the coach if you are ill or have any prolonged symptoms of illness.**
3. **Advise the coach if you have been injured.**
4. **Engage in warm-up activities prior to strenuous participation.**
5. **Be alert for any physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.**
6. **Recognize the possible danger from such actions as "undercutting" a player, hanging on the basket, and throwing a "wild" pass.**

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the basketball program.

Athlete's Signature

Date:

Parent or Guardian's Signature

Date:

High/Middle School
Revised 7/26/02

Please Print Name: _____ Student ID _____

Office use only:

Emergency/Physical:

Yes ☐ No ☐

Academics:

Yes ☐ No ☐

Eligibility/Parent Permission/Athl Code:

Yes ☐ No ☐

ASB Card:

Yes ☐ No ☐

Everett School District No. 2

BOWLING SAFETY GUIDELINES

High School

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

- 1. Advise the coach if you are ill or have any prolonged symptoms of illness.**
- 2. Advise the coach if you have been injured.**
- 3. Engage in warm-up activities prior to strenuous participation.**
- 4. Be alert for any physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.**

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the bowling program.

Athlete's Signature

Date: _____

Parent or Guardian's Signature

Date: _____

High School
Revised 7/26/02

Please Print Name: _____ Student ID _____

Office use only:

Emergency/Physical:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Academics:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eligibility/Parent Permission/Athl Code:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ASB Card:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Everett School District No. 2
CHEERLEADING SAFETY GUIDELINES
High School

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

- 1. Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly fitted or defective equipment.**
- 2. Advise the coach if you are ill or have any prolonged symptoms of illness.**
- 3. Advise the coach if you have been injured.**
- 4. Engage in warm-up activities prior to strenuous participation.**
- 5. Be alert for any physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.**
- 6. Practice stunt prior to the event that you will perform in. Stunts can be dangerous if not spotted correctly.**
- 7. Lead cheers at the appropriate time so you will be aware of ball and players' positioning to prevent possible injury.**
- 8. Be aware of supervisory staff of both teams and where they can be located so they may be contacted in case of an emergency or an undesirable crowd control situation.**

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the cheerleader program.

Athlete's Signature

Date: _____

Parent or Guardian's Signature

Date: _____

High School
Revised 7/26/02

Please Print Name: _____ Student ID _____

Office use only:

Emergency/Physical:

Yes ☐ No ☐

Academics:

Yes ☐ No ☐

Eligibility/Parent Permission/Athl Code:

Yes ☐ No ☐

ASB Card:

Yes ☐ No ☐

Everett School District No. 2
CROSS COUNTRY SAFETY GUIDELINES
High/Middle School

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

1. **Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly fitted or defective equipment.**
2. **Advise the coach if you are ill or have any prolonged symptoms of illness.**
3. **Advise the coach if you have been injured.**
4. **Engage in warm-up activities prior to strenuous participation.**
5. **Be alert for any physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.**
6. **Run only on the course prescribed by the coach.**
7. **Run in pairs in unfamiliar territory or in areas where there are few people.**
8. **Watch for objects being thrown from passing cars.**
9. **Approach dogs with caution.**
10. **Be familiar with basic first aid treatment for heat exhaustion, heat stroke, sprained ankle, or other runner-related injuries.**
11. **Face the oncoming traffic when running in roads. Be cautious at intersections and be acutely aware of erratic drivers.**

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the cross-country program.

Athlete's Signature

Date: _____

Parent or Guardian's Signature

Date: _____

High/Middle School
Revised 7/26/02

Please Print Name: _____ Student ID _____

Office use only:

Emergency/Physical:

Yes ☐ No ☐

Academics:

Yes ☐ No ☐

Eligibility/Parent Permission/Athl Code:

Yes ☐ No ☐

ASB Card:

Yes ☐ No ☐

FASTPITCH SOFTBALL SAFETY GUIDELINES

High/Middle School

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

1. **Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly fitted or defective equipment.**
2. **Advise the coach if you are ill or have any prolonged symptoms of illness.**
3. **Advise the coach if you have been injured.**
4. **Engage in warm-up activities prior to strenuous participation.**
5. **Be alert for any physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.**
6. **Recognize your surroundings; i.e., batters warming up, thrown bats, batted or thrown balls, on-deck circles (one person at a time).**
7. **Use hard hats while batting/running bases/hitting in batting cages.**
8. **Familiarize yourself with surroundings and grounds; i.e., fences, field conditions such as holes, lips on infield edges, etc., when playing on away fields.**
9. **Be aware of the potentially serious injuries to your ankles, knees, and legs if you do not follow the correct procedures in base running. Sliding headfirst into bases should be avoided.**
10. **Follow instructions regarding communication between players; i.e., talking and calling each other off on "pop flies" and Texas leaguers, etc.**

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the baseball/softball program.

Athlete's Signature

Date: _____

Parent or Guardian's Signature

Date: _____

High/Middle School
Revised 7/26/02

Please Print Name: _____ Student ID _____

Office use only:

Emergency/Physical:

Yes ☐ No ☐

Academics:

Yes ☐ No ☐

Eligibility/Parent Permission/Athl Code:

Yes ☐ No ☐

ASB Card:

Yes ☐ No ☐

FOOTBALL HELMET SAFETY INFORMATION

High/Middle School

The most important function of the football helmet is to provide the maximum possible protection for the player's head by dissipating and/or absorbing impacts produced by blows upon the player's helmet. Two things must be noted:

- 1. The full potential of protection offered by the helmet can only be realized if the helmet is properly fitted to the individual player's head.**
- 2. There are no football helmets available now nor in the foreseeable future, from any source, which would be 100% safe under all potential conditions that occur in practice and game play.**

A careful and proper fitting is one of the important keys to maximum shock dispersion. Players should try on several helmets, selecting the one that provides the best fit.

When properly fitted, a helmet should "not" drop forward over the eyes, twist or shift on the head nor "travel" or recoil against the head upon contact. Also, it will not block audibility to prevent the hearing of signals.

Several times during the season, the helmet should be inspected for proper fit. Also, players should not "swap" helmets unless proper fit has been checked. All helmets must display the required NOCSAE emblem as seen toward the bottom of this form.

WARNING: Do not use this helmet to butt, ram, or spear an opposing player. This is in violation of the football rules and such use can result in severe head or neck injuries, paralysis, or death to you, and possible injury to your opponent. No helmet can prevent all head and neck injuries a player might receive while participating in football.



Athlete's signature

Date: _____

Parent or Guardian's signature

Date: _____

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Everett School District No. 2

FOOTBALL SAFETY GUIDELINES

High/Middle School

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

1. **Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly fitted or defective equipment.**
2. **Advise the coach if you are ill or have any prolonged symptoms of illness.**
3. **Advise the coach if you have been injured.**
4. **Engage in warm-up activities prior to strenuous participation.**
5. **Be alert of any physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.**

TACKLING, BLOCKING AND RUNNING THE BALL:

Tackling and blocking techniques are basically the same. Contact is to be made above the belt, but not initially with the helmet. The player should always be in a position of balance, knees bent, back straight, body slightly bent forward, head up and the target area as near to the body as possible with the main contact being made with the shoulder. When properly blocking or tackling an opponent, contact with your helmet will naturally result. Therefore, technique is most important in order to prevent or reduce the likelihood of injury.

Blocking and tackling by not keeping the helmet as close to the body as possible may result in a shoulder injury and separation or pinched nerve in the neck area. Injuries as a result of improper body alignment can put the spinal column in a vulnerable position for injury. The development of strength in the neck muscles through isometric-type exercises will enable the participant to hold his/her head up even after getting tired during a workout or contest.

BASIC HITTING (CONTACT) POSITION AND FUNDAMENTAL TECHNIQUE:

Strained muscle injuries can range from ankle injuries to serious knee injuries requiring surgery. The rules have made blocking below the waist (outside a two-yard by four-yard area next to the football) illegal.

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the football program.

(over)

Please Print Name: _____ Student ID _____

Office use only:

Emergency/Physical:

Yes

☐

No

☐

Academics:

Yes

☐

No

☐

Eligibility/Parent Permission/Athl Code:

Yes

☐

No

☐

ASB Card:

Yes

☐

No

☐

FOOTBALL SAFETY GUIDELINES -- Page 2

In tackling, the rules prohibit initial contact with the helmet or grabbing the facemask on the edge of the helmet. Initial helmet contact may result in a bruise; dislocation; broken bone; head injury; or internal injury such as kidneys, spleen, bladder, etc. Grabbing the face mask or helmet edge may result in a neck injury that could result in injuries ranging from a muscle strain to a dislocation, nerve injury, or spinal column damage which could cause paralysis or death.

EQUIPMENT:

An athlete is required to wear all issued equipment. If equipment is damaged or does not fit correctly, the athlete must inform his coach immediately before use. Shoulder pads, helmets, hip pads, and pants (including thigh pads and kneepads) must have proper fitting and use.

A shoulder pad that is too small will leave the shoulder point vulnerable to bruises or separations. A shoulder pad that is too tight in the neck area may result in a possible pinched nerve. A shoulder pad that is too large will leave the neck area poorly protected and will slide on the shoulders making them vulnerable to bruises or separations. Helmets must fit snugly at the contact points: front, back, and top of head. The helmet must be safety "NOCSAE" branded, the chin straps must be fastened, and the cheek pads must be of the proper thickness. A fit that is too loose could result in headaches, a concussion, a face injury such as a broken nose or cheekbone, or a neck injury that is possibly quite serious such as paralysis or even death.

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the football program.

I am aware that tackle football is a **high-risk sport** and that practicing or competing in tackle football will be dangerous activity involving **many risks of injury**, including but not limited to those risks outlined.

Because of the dangers of tackle football, I recognize the importance of following coaches' instructions regarding techniques, training and other team rules, etc., and to agree to obey such instructions.

Athlete's Signature

Date:

Parent or Guardian's Signature

Date:

High/Middle School

Revised 7/26/02

Everett School District No. 2
GOLF SAFETY GUIDELINES
High School

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

1. **Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly fitted or defective equipment.**
2. **Advise the coach if you are ill or have any prolonged symptoms of illness.**
3. **Advise the coach if you have been injured.**
4. **Engage in warm-up activities prior to strenuous participation.**
5. **Be alert for any physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.**
6. **Before swinging a club, make certain that the area around you is clear of others. Be careful after hitting not to throw the club as you could injure someone.**
7. **Be aware of the danger of standing in front of or on the side of a person who is attempting to hit the ball, as one may be injured by the ball or by the rebounding of the ball from trees, signs, markers, etc.**
8. **Be aware at all times of other players' positions on the course when you are hitting or when they are hitting. You are vulnerable at all times. Do not hit the ball until proper distance is available between golfing groups.**
9. **Keep hands and grips dry to minimize the danger of clubs being released.**

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the golf program.

Athlete's Signature

Date:

Parent or Guardian's Signature

Date:

High School
Revised 7/26/02

Please Print Name: _____ Student ID _____

Office use only:

Emergency/Physical:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Academics:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eligibility/Parent Permission/Athl Code:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ASB Card:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Everett School District No. 2

SOCCKER SAFETY GUIDELINES

High School

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

- 1. Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly fitted or defective equipment.**
- 2. Advise the coach if you are ill or have any prolonged symptoms of illness.**
- 3. Advise the coach if you have been injured.**
- 4. Engage in warm-up activities prior to strenuous participation.**
- 5. Be alert of any physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.**
- 6. Use equipment that complies with FIFA and/or WIAA rules, e.g., footwear, shin guards.**
- 7. Comply with soccer rules with special attention given to avoiding such violations as:**
 - Kicking or attempting to kick an opponent.**
 - Tripping an opponent.**
 - Jumping at an opponent.**
 - Charging an opponent from behind.**
 - Charging violently at an opponent.**
 - Striking or attempting to strike an opponent.**
 - Holding an opponent.**
 - Pushing an opponent.**
 - Playing in a manner considered by the referee to be dangerous, such as kicking at a shoulder high ball when an opponent is trying to head it.**

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the soccer program.

Athlete's Signature

Date:

Parent or Guardian's Signature

Date:

High School
Revised 7/26/02

Please Print Name: _____ Student ID _____

Office use only:

Emergency/Physical:

Yes ☐ No ☐

Academics: Yes ☐ No ☐

Eligibility/Parent Permission/Athl Code:

Yes ☐ No ☐

ASB Card: Yes ☐ No ☐

Everett School District No. 2

SWIMMING SAFETY GUIDELINES

High School

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

1. **Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly fitted or defective equipment.**
2. **Advise the coach if you are ill or have any prolonged symptoms of illness.**
3. **Advise the coach if you have been injured.**
4. **Engage in warm-up activities prior to strenuous participation.**
5. **Be alert of any physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.**
6. **Know the location of rescue equipment in the pool area.**
7. **Never enter the water without the coach (or the designated lifeguard) in pool area.**
8. **Check for clear water before diving; and when diving off the blocks, make it a shallow dive. Only divers who have been taught basic diving skills and are under the supervision of a coach will be permitted to dive.**
9. **Do not run while on the pool deck.**

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the swimming program.

- 1) I am aware that diving is a high-risk sport and that practicing or competing in diving will be a dangerous activity involving many risks of injury.

Athlete's Signature

Date: _____

Parent or Guardian's Signature

Date: _____

Please Print Name: _____ Student ID _____

High School
Revised 7/26/02

Office use only:

Emergency/Physical:

Yes ☐ No ☐

Academics: Yes ☐ No ☐

Eligibility/Parent Permission/Athl Code:

Yes ☐ No ☐

ASB Card: Yes ☐ No ☐

Everett School District No. 2

TENNIS SAFETY GUIDELINES

High School

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

1. **Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly fitted or defective equipment.**
2. **Advise the coach if you are ill or have any prolonged symptoms of illness.**
3. **Advise the coach if you have been injured.**
4. **Engage in warm-up activities prior to strenuous participation.**
5. **Be alert of any physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.**
6. **Before swinging a racquet, make certain that the area around you is clear of others.**
7. **Familiarize yourself with court surface/obstacles on courts before beginning play.**
8. **Be conscious of your partner's position on the court in doubles play.**

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the soccer program.

Athlete's Signature

Date: _____

Parent or Guardian's Signature

Date: _____

High School
Revised 7/26/02

Please Print Name: _____ Student ID _____

Office use only:

Emergency/Physical:

Yes ☐ No ☐

Academics:

Yes ☐ No ☐

Eligibility/Parent Permission/Athl Code:

Yes ☐ No ☐

ASB Card:

Yes ☐ No ☐

Everett School District No. 2
TRACK SAFETY GUIDELINES
High/Middle School

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

1. **Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly fitted or defective equipment.**
2. **Advise the coach if you are ill or have any prolonged symptoms of illness.**
3. **Advise the coach if you have been injured.**
4. **Engage in warm-up activities prior to strenuous participation.**
5. **Be alert for any physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.**
6. **Recognize the safety rules for restricted areas, e.g., discus, shot put, pole vault. These areas must be supervised.**
7. **Stay on the designated running courses.**
8. **Check equipment, apparatus, field and pits thoroughly before each use, e.g., debris in jumping pits, placement of standards.**

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the track program.

Athlete's Signature

Date:

Parent or Guardian's Signature

Date:

High/Middle School
Revised 7/26/02

Please Print Name: _____ Student ID _____

Office use only:

Emergency/Physical:

Yes ☐ No ☐

Academics:

Yes ☐ No ☐

Eligibility/Parent Permission/Athl Code:

Yes ☐ No ☐

ASB Card:

Yes ☐ No ☐

Everett School District No. 2

VOLLEYBALL SAFETY GUIDELINES

High/Middle School

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

1. **Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly fitted or defective equipment.**
2. **Advise the coach if you are ill or have any prolonged symptoms of illness.**
3. **Advise the coach if you have been injured.**
4. **Engage in warm-up activities prior to strenuous participation.**
5. **Be alert of any physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.**
6. **Be aware of court surroundings, i.e., obstacles, projections, bleachers, standards, etc.**

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the volleyball program.

Athlete's signature

Date: _____

Parent or Guardian's signature

Date: _____

High/Middle School
Revised 7/26/02

Please Print Name: _____ Student ID _____

Office use only:

Emergency/Physical:

Yes ☐ No ☐

Academics:

Yes ☐ No ☐

Eligibility/Parent Permission/Athl Code:

Yes ☐ No ☐

ASB Card:

Yes ☐ No ☐

Everett School District No. 2
WRESTLING SAFETY GUIDELINES
High/Middle School

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

1. **Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly fitted or defective equipment.**
2. **Advise the coach if you are ill or have any prolonged symptoms of illness.**
3. **Advise the coach if you have been injured.**
4. **Engage in warm-up activities prior to strenuous participation.**
5. **Be alert for any physical hazards in the locker room or in or around the participation area. Advise coach of any hazard.**
6. **Recognize illegal holds as defined by the rulebook.**
7. **Wear approved, proper-fitting apparel when wrestling with an opponent, either in practice or in a match.**
8. **Wrestle a safe distance from all walls and other obstructions. All wrestling will be done on the mats provided for wrestling.**

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the wrestling program.

I am aware that wrestling is a **high-risk sport** and that practicing or competing in wrestling will be dangerous activity involving **many risks of injury**, including but not limited to those risks outlined above.

Because of the dangers of wrestling, I recognize the importance of following coaches' instructions regarding techniques, training and other team rules, etc. and to agree to obey such instructions.

Athlete's Signature

Date: _____

Parent's/Guardian's Signature

Date: _____

High/Middle School

Revised 7/26/02

Please Print Name: _____ Student ID _____

Office use only:

Emergency/Physical:

Yes ☐ No ☐

Academics:

Yes ☐ No ☐

Eligibility/Parent Permission/Athl Code:

Yes ☐ No ☐

ASB Card:

Yes ☐ No ☐

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HEAD COACH PRE-SEASON CHECKLIST

Head coaches should complete the following tasks prior to the first practice and/or first contest.

- | | | COMPLETE |
|-----|---|----------|
| 1. | Ensure that head, assistant, and volunteer coaches have a valid First Aid/CPR card. | _____ |
| 2. | Ensure that volunteer coaches have completed required paperwork and have been cleared to work with children by Human Resources. | _____ |
| 3. | Notify paid coaches on your staff who do not teach in the Everett Public Schools that they must fill out the proper paperwork at Human Resources. | _____ |
| 4. | Attend mandatory WIAA sponsored rules clinics. | _____ |
| 5. | Have all coaches turn in all coaches' clock hour information to the district athletics office (building Athletic Coordinators may forward the information). | _____ |
| 6. | Notify the building athletic coordinator in writing of any unsafe playing conditions in your area. | _____ |
| 7. | Know established procedures for filling out student accident reports for the appropriate injuries. | _____ |
| 8. | Understand established emergency procedures. | _____ |
| 9. | Develop and practice an emergency plan specific to your coaching situation with your coaches. Submit the plan to the building athletic coordinator. | _____ |
| 10. | Establish a plan for reporting information to the press for all contests. | _____ |
| 11. | Make certain that all of your athletes are cleared by the athletic department prior to the first practice. | _____ |
| 12. | Review the athletic code with your entire team and identify the potential risk of injury inherent to your sport to all players and their parents. | _____ |
| 13. | Review your 'cut' policy with your athletes prior to your first practice and submit a copy of this policy to your building athletic coordinator. | _____ |
| 14. | Review with your team and submit to your athletic coordinator a list of team rules other than those covered in the athletic code. Rules should be signed by parents and athletes and kept on file by the coach. | _____ |

(over)

HEAD COACH PRE-SEASON CHECKLIST, Cont'd

1. Review, understand, and implement all policies and procedures outlined in the coaches' handbook. _____
2. Provide athletes and the athletic director with a schedule of contests and practices. _____
3. Submit athletic transportation requests at least 2 weeks prior to first contest. _____
18. Schedule parent meeting prior to first contest (include athletic trainer). _____
19. Submit completed WIAA eligibility form to building athletic secretary at least 3 days prior to first contest. _____

Coach

Sport

Year

POST-SEASON CHECKLIST

Head coaches should complete the following tasks at the end of the season.

COMPLETE

1. Make certain all school equipment/uniforms are returned. _____
2. Turn in fines for students responsible for missing equipment _____
3. Clean and store all equipment. _____
4. Complete inventories with copies to the building athletic coordinator. _____
5. Issue letters and awards. _____
6. Make recommendations regarding program and facilities. _____
7. Make recommendations regarding equipment needs and repairs. _____
8. Submit recommendations for next year's budget. _____
9. Update records with team and individual achievements. _____
10. Submit self-evaluation to building athletic coordinator. _____
11. Assist athletic coordinator with the evaluation of the total program and staff. _____
12. Complete coach-to-coach evaluation with all assistant and volunteer coaches. _____
13. Make recommendations regarding next year's schedule. _____

Coach Sport Year

Head coaches- Complete and return this form to the building athletic coordinator at your post-season meeting.

PRE-SEASON GOALS AND OBJECTIVES

Name: _____

Date: _____

School: _____

Sport: _____

1. List the objectives you hope to achieve this season.
2. List the techniques or methods you plan to use to obtain your objectives.
3. List professional growth plans such as clinics, workshops, seminars or related areas.

Signed (Coach): _____

Signed (Athletic Coordinator): _____

Head coaches- Prepare and submit this to your building athletic coordinator at your pre-season meeting.

POST-SEASON SELF-EVALUATION

Name: _____

Date: _____

School: _____

Sport: _____

1. Appraise your success in achieving the pre-season objectives.

2. Describe plans to improve the program prior to next season.

Signed (Coach): _____

Signed (Athletic Coordinator): _____

Head coaches- Prepare and submit this to your building athletic coordinator at your pre-season meeting.
Include a copy of your inventory.

EQUIPMENT ISSUE CHECKLIST

SPORT_____

DATE_____

NAME_____

ADDRESS_____

CITY_____

ZIP_____

PHONE_____

GRADE (circle) 9 10 11 12

LOCKER #_____

LOCK SERIAL #_____

COMBINATION_____

ARTICLE	#	S IZE	ISSUE D CONDITION	DA TE ISSUED	DATE RETURNED	RETUR NED CONDITION
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

I have received the above articles as a loan from my high school athletic department and promise to return the same when called for. I will be fully responsible for these items until they are returned and checked off this inventory sheet.

SIGNATURE_____

DATE_____

INVENTORY OF EQUIPMENT

School: _____

Sport: _____

Year:_____

[illegible]

Signature (Coach):_____

Date: _____

Head Coaches - Complete and return this form to your building athletic coordinator at your post-season meeting.

COACH-TO-COACH EVALUATION

SPORT _____ EVALUATEE _____

EVALUATOR _____ DATE _____

1. Loyalty
2. Dedication
3. Coaching ability
4. Ability to motivate student-athletes
5. Rapport between coach and players
6. Rapport between coach and coaching staff
7. Enthusiasm for coaching
8. Knowledge of sport
9. Completes delegated duties
10. Supervision of student-athletes
11. Discipline
12. Care equipment

	Meets Expectations	Needs Improvement	Did Not Meet Expectations
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

General Evaluation of this Coach:

Everett Public Schools

Athletics/Activities Program Evaluation

School _____ Date _____

Sport/Activity _____ Head Coach/Advisor _____

Assistant Coach(es)/Advisor(s) _____

By meeting the following expectations, coaches and advisors will be working to protect themselves and the Everett School District from common, activity related, safety and legal liability issues.

S-Satisfactory NI- Needs Improvement U-Unsatisfactory NA=Not Applicable

	<u>S</u>	<u>NI</u>	<u>U</u>	<u>NA</u>
<u>A. Educational Environment</u>				
1. The program develops and promotes a positive educational environment free from harassment, intimidation, and hazing.	—	—	—	—
2. Participants are properly supervised at all times, including, but not limited to, locker rooms, classrooms, the back of the bus, and while waiting for a ride home.	—	—	—	—
3. Staff demonstrates and encourages sportsmanship and respect for opponents, officials, and event management.	—	—	—	—
4. Staff maintains appropriate coach/student relationships free from favoritism and discrimination.	—	—	—	—
5. Staff works to build a strong team environment.	—	—	—	—
6. Staff uses appropriate teaching techniques when working with opposite gender participants.	—	—	—	—
7. Participants are matched by size, strength, and ability at practices and contests.	—	—	—	—
8. Equipment and playing surfaces are investigated and safety concerns are brought to the attention of the building administrator.	—	—	—	—
9. First aid equipment and emergency cards are present at all times.	—	—	—	—
10. The sport/activity supports the core academic mission of the school and the district.	—	—	—	—
<u>B. Teaching</u>				
1. Establishes the fundamental philosophy, skills, and techniques to be taught by staff.	—	—	—	—
2. All participants are taught appropriate protective skills.	—	—	—	—
3. All participants are taught fundamental skills in an educational progression.	—	—	—	—
4. Drills are appropriate to the age, gender, and ability level of the participants.	—	—	—	—
5. All participants are praised and/or encouraged for effort and improvement.	—	—	—	—
6. Staff are trained and qualified to carry out specific duties and responsibilities.	—	—	—	—
7. Practice plans are written and maintained for a period of three years.	—	—	—	—
8. Leadership skills, good sportsmanship, and team building are taught and encouraged.	—	—	—	—
<u>C. School, District, League, and State Policies</u>				
1. Understands, supports, and enforces the district Athletic Code.	—	—	—	—
2. Attends building, district, and league coaches' meetings.	—	—	—	—
3. Follows district, league, and WIAA rules and regulations.	—	—	—	—
4. Ensures all participants have clearance before beginning to practice.	—	—	—	—
5. Notifies building administrator about athletic eligibility concerns.	—	—	—	—
6. Submits eligibility list prior to the first competition.	—	—	—	—
7. Maintains eligibility list throughout the season.	—	—	—	—
8. Knows, understands, communicates and practices emergency plan.	—	—	—	—
9. Injuries are properly documented.	—	—	—	—

	<u>S</u>	<u>NI</u>	<u>U</u>	<u>NA</u>
<u>D. Equipment</u>				
1. Equipment is regularly checked for safety.	—	—	—	—
2. Equipment is properly fitted to the participant.	—	—	—	—
3. Participants are taught to check equipment for proper fit and safety and they are instructed to notify the coach/advisor when there are concerns.	—	—	—	—
4. Equipment meets all NFHS and WIAA approved safety standards.	—	—	—	—
<u>E. Communication</u>				
1. Pre-approved information packets containing fair and reasonable practice and game schedules, attendance policy, training rules, safety conduct expectations, lettering policy and program philosophy is provided to participants and parents.	—	—	—	—
2. Staff conducts parent meetings to communicate practice and game schedules, attendance policy, training rules, conduct expectations, lettering policy, and program philosophy.	—	—	—	—
3. Staff communicates effectively and respectfully with building administration and support staff including game management, bus drivers, custodians, etc.	—	—	—	—
4. Staff meets regularly to discuss the progress of the program in its pursuit to achieve its goals.	—	—	—	—
5. Staff submits game summary information to media as requested.	—	—	—	—
<u>F. Organization/Financial Management</u>				
1. Staff meets in pre-season to establish goals and expectations for the program.	—	—	—	—
2. Submits ASB budget proposal for approval.	—	—	—	—
3. Secures approval for all purchases.	—	—	—	—
4. Does not overspend budget.	—	—	—	—
5. Follows approved procedures for fundraising.	—	—	—	—
6. Submits transportation requests in a timely manner.	—	—	—	—
7. Inventories and stores equipment.	—	—	—	—
8. Stored equipment is properly cleaned, repaired and kept secure.	—	—	—	—
9. Holds participants accountable for equipment, including fines, fees, etc.	—	—	—	—
10. Holds a meaningful awards function for participants.	—	—	—	—
11. Donations from booster clubs, community groups, and individuals are properly documented per district board policy.	—	—	—	—
<u>G. Professional Growth</u>				
1. Staff maintains First Aid/CPR certification.	—	—	—	—
2. Staff maintains coaching certification including sport rules clinics when required.	—	—	—	—
3. Staff attends clinics and workshops and stays abreast of current trends and developments.	—	—	—	—

Activity/Athletic Coordinator Comments (Use additional sheets if necessary.)

Coaching/Advising Staff Comments (Use additional sheets if necessary.)

Head Coach/Advisor Signature _____ Date _____

Athletic/Activity Coordinator Signature _____ Date _____

EVERETT SCHOOL DISTRICT

End of the Season Athletic Questionnaire

ATHLETE SURVEY

Sport: _____ **Middle School** _____ **High School** _____
Level of Participation: **Varsity** _____ **Junior Varsity** _____ **C-Team** _____
Team Gender: **Female** _____ **Male** _____ **Co-Ed** _____ **Coach(es)** _____

Please respond to each question by circling your selection using the following rating scale:
(A = highest/strongly agree: F = lowest/strongly disagree) Please use the back of the questionnaire for comments

- Did you attend the early season meeting for this sport? (Circle) Yes No
1. Do you feel your coach was a positive role model? A B C D F Comments ()
 2. To what degree were you aware of your coaches goals for this season? A B C D F Comments ()
 3. Did your coach clearly state the rules and expectations of the players and were they consistently enforced? A B C D F Comments ()
 4. Were you proud of the way the parents and fans supported your activities? A B C D F Comments ()
 5. Do you feel the coach demonstrated working knowledge of their sport? A B C D F Comments ()
 6. Did your coach promote teamwork and unity during the season? A B C D F Comments ()
 7. Do you feel the coach(s) maintained self-control during practices and contest? A B C D F Comments ()
 8. Do you feel comfortable talking with your coach? A B C D F Comments ()
 9. Did the coach run an organized program this season? A B C D F Comments ()
 10. Was safety emphasized during practices and contests? A B C D F Comments ()
 11. This season, do you feel you improved your skills in this sport? A B C D F Comments ()
 12. To what degree are you proud to be a part of this sport? A B C D F Comments ()
 13. In your opinion, was the sport properly and safely equipped? A B C D F Comments ()
 14. Was the competitive nature of high school sports promoted while keeping winning and losing in perspective? A B C D F Comments ()
 15. Do you feel that you were penalized or pressured in any way for not participating in out of season activities i.e.: summer programs or camps? A B C D F Comments ()
 16. Do you feel the coach treated all players fairly and consistently? A B C D F Comments ()
 17. To the best of your knowledge, were the athletic grade standards enforced in this sport? A B C D F Comments ()

What was the highlight of your season?

Please return to your school within two weeks. Thank you

EVERETT SCHOOL DISTRICT

End of the Season Athletic Questionnaire

PARENT SURVEY

Sport: _____ **Middle School** _____ **High School** _____
Level of Participation: **Varsity** _____ **Junior Varsity** _____ **C-Team** _____
Team Gender: **Female** _____ **Male** _____ **Co-Ed** _____

Please respond to each question by circling your selection using the following rating scale:
(A = highest/strongly agree; F = lowest/strongly disagree) Please use the back of the questionnaire for comments

How many games/sporting events did you attend this sports season? (Circle) 1-3 5-10 All Just playoffs
 Did you attend the early season Parent meeting for this sport? (Circle) Yes No

1. Do you think the coach was a positive role model for the athletes? A B C D F Comments ()
2. Do you feel the coach(s) maintained self-control during practices and contest? A B C D F Comments ()
3. Do you feel the coach communicated openly with parents? A B C D F Comments ()
4. To what degree do you feel team/school policies were consistently enforced? A B C D F Comments ()
5. Did the coach run an organized program this season? A B C D F Comments ()
6. Did your student/athlete have a rewarding experience this season? A B C D F Comments ()
7. Do you feel the coach helped improve your student's athletic performance? A B C D F Comments ()
8. Do you feel the coach helped improve your student's academic performance? A B C D F Comments ()
9. In your opinion, was the coach dedicated to this sports program? A B C D F Comments ()
10. To what degree did the coach build self-esteem among players? A B C D F Comments ()
11. Do you feel adequate transportation (practices/games) is provided? A B C D F Comments ()
12. Do you feel the crowd/spectators demonstrated good sportsmanship? A B C D F Comments ()
13. In your opinion, was the sport properly and safely equipped? A B C D F Comments ()
14. Was the competitive nature of high school sports promoted while keeping winning and losing in perspective? A B C D F Comments ()
15. To the best of your knowledge, were the athletic grade standards enforced in this sport? A B C D F Comments ()

As a parent, what was the highlight of this season for you?

Please return to your school within two weeks. Thank you

INJURY REPORT

EVERETT PUBLIC SCHOOLS P.O. BOX 2098 EVERETT, WA 98213 STUDENT/CITIZEN ~ INCIDENT/ACCIDENT REPORT FORM

THIS FORM DOES NOT COMPLY WITH RCW 4.96.020 FOR THE FILING OF A CLAIM FOR DAMAGES

FORM INSTRUCTIONS: This form to be completed by **DISTRICT PERSONNEL ONLY** any time a student or person other than an employee is injured on Everett Public Schools property. Do not allow student or parents/injured party to complete. Do not use this form to report employee (on the job) injuries. Complete and forward this form to the Finance Department, Risk Manager within 24 hours of the incident. **If an accident occurs that is critical in nature, please call the Finance Department, Risk Manager at 425-385-4150 and report the accident verbally.** Describe the incident in sufficient detail to show the conditions that existed at the time of the incident.

GENERAL INFORMATION		SCHOOL DISTRICT: Everett Public Schools	SCHOOL NAME:
DISTRICT CONTACT: Jeff Moore or Kim Walker		PHONE NUMBER: 425-385-4150	
INCIDENT/ACCIDENT DATE:		TIME:	AM/PM
LOCATION: <input type="checkbox"/> CLASSROOM <input type="checkbox"/> PLAYGROUND <input type="checkbox"/> GYM <input type="checkbox"/> LABORATORY <input type="checkbox"/> SHOP <input type="checkbox"/> OFF-PREMISES <input type="checkbox"/> OTHER, SPECIFY:			
DESCRIPTION OF ACCIDENT/CAUSE OF INJURY:			
WITNESS(ES):		PHONE NUMBER:	
WITNESS(ES):		PHONE NUMBER:	
IDENTIFY AGENCY CALLED TO SCENE (police, fire, etc):		REPORT NUMBER:	

INJURIES (complete separate form for each injured individual)		FOR EMPLOYEE INJURIES – CONTACT HUMAN RESOURCES AT 425-385-4115	
NAME:		<input type="checkbox"/> STUDENT <input type="checkbox"/> CITIZEN	
LAST	FIRST	MI	
ADDRESS:		GENDER:	AGE: GRADE:
STREET		CITY	ZIP CODE
NAME OF PARENT/GUARDIAN (if applicable):		HOME PHONE:	
ADDRESS OF PARENT:		WORK PHONE:	
PART OF BODY INJURED:		TYPE OF INJURY (e.g., cut, burn):	
EXTENT OF INJURY (e.g., minor, severe):		CELL PHONE:	
IF CITIZEN, REASON FOR BEING AT SCHOOL/FACILITY:		NO. OF SCHOOL DAYS LOST:	
PERSON IN CHARGE AT TIME OF INCIDENT:		TITLE: PHONE #:	
ACTION TAKEN:			
BY WHOM/WHEN:		PRESENT AT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> SENT TO HEALTH ROOM <input type="checkbox"/> SENT HOME <input type="checkbox"/> 911 CALLED <input type="checkbox"/> SENT TO HOSPITAL/DOCTOR		IF STUDENT, ACCIDENT. INS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> STUDENT FELT WELL AND RETURNED TO CLASS AFTER _____ MINUTES OF OBSERVATION			

ADDITIONAL INJURY INFORMATION:	
PARENT/GUARDIAN NOTIFIED:	PHONE #:
WHEN NOTIFIED:	BY WHOM:

BUMPS OR BLOWS TO THE HEAD - SYMPTOMS:			
<input type="checkbox"/> SLIGHT HEADACHE	<input type="checkbox"/> MINOR ABRASION/CUT	<input type="checkbox"/> PALENESS OR FLUSHING	<input type="checkbox"/> WEAKNESS OR PARALYSIS
<input type="checkbox"/> NAUSEA/VOMITING	<input type="checkbox"/> CONFUSION/INCOHERENT	<input type="checkbox"/> BRUISING/SORE	<input type="checkbox"/> LOSS OF CONSCIOUSNESS
<input type="checkbox"/> LOSS OF MEMORY	<input type="checkbox"/> DIZZINESS	<input type="checkbox"/> VISION CHANGES	<input type="checkbox"/> SWELLING AT INJURY SITE

BUMPS OR BLOWS TO THE HEAD - TREATMENT:	
<input type="checkbox"/> ICE APPLIED <input type="checkbox"/> BANDAGE APPLIED <input type="checkbox"/> OTHER (comment):	

REPORT PREPARED BY: _____	TITLE: _____
SIGNATURE: _____	DATE: _____
BLDG. ADMINISTRATOR SIGNATURE: _____	DATE: _____

FOR FINANCE USE ONLY

DATE LOGGED:

DATE SENT TO RISK POOL:

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Travel Request



INSTRUCTIONS:

1. Type or print in ink.
2. Submit signed original Travel Request to Accounting at least ten working days in advance of travel or registration deadline.
3. All signatories should retain a copy for their records.

Name: _____ School/Dept/Position: _____

Destination: _____ Purpose: _____

DURATION OF TRAVEL STATUS

Begin Travel Status: Date: _____ Time: _____

End Travel Status: Date: _____ Time: _____

Special Circumstances: _____

REGISTRATION EXPENSE: (Check One)

☐ To be Paid by District in Advance (registration form attached).

☐ To be Paid by Traveler and Submitted for Reimbursement.

TOTAL REGISTRATION EXPENSE \$ _____

TRAVEL EXPENSE: (Refer to Business Information Manual for Guidelines)

LODGING: Number of Nights 1 Approved Maximum per Night \$ _____

TOTAL LODGING \$ _____

TRANSPORTATION:

Air ☐ Train ☐ Bus ☐ \$ _____

Rental Car \$ _____

Taxi/Limousine \$ _____

Personal Vehicle (Mileage and Parking) \$ _____

Other: (Describe) _____ \$ _____

TOTAL TRANSPORTATION \$ _____

MEAL ALLOCATION:

Note: Travel status must begin three (3) hours prior to a meal to establish eligibility for entitlement to such meal. If any meals are provided as part of registration expense, traveler should adjust their Statement of Travel Expenses accordingly.

Total Day Meal Per Diem	Breakfast	Lunch	Dinner	Total For Day(s)
In-State = \$47 Out-of-State = \$51	In-State @ \$12 Out-of-State @ \$13	In-State @ \$14 Out-of-State @ \$15	In-State @ \$21 Out-of-State @ \$23	
First Day/Single Day				
Days 2 thru <u>1</u>	❖PER DIEM❖	❖PER DIEM❖	❖PER DIEM❖	
Final Day <u>1</u>				

TOTAL MEAL ALLOCATION \$ _____

TOTAL TRAVEL EXPENSE \$ _____

SUBSTITUTE REQUIRED: (Check One) No ☐ Yes ☐ Date(s) _____

APPROVAL

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Code: _____ \$ _____

Code: 07/16/10 \$ _____

Budget Authority Signature _____ Date _____

Record of Payments (Accounting Use Only)

Date	Reference #	Description	Amount

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EVERETT PUBLIC SCHOOLS

TIME SHEET AND PAYROLL ADJUSTMENT RECORD

			thru 2
Employee ID#	Print Name	Location No.	Payroll Period

Record hours to the nearest Quarter Hour (.25)

Date	Duties Performed	Regular Hours	Overtime Hours	Date	Duties Performed	Regular Hours	Overtime Hours
Total Hours - - - - -						0	0

PAYROLL ADJUSTMENTS:

Date	Description of Adjustments	Total Addition	Total Deduction
			()
			()
			()

I certify that the above is an accurate record of time worked and adjustments during the period indicated

I hereby approve the hours and payroll adjustments indicated above for payment.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Employee Signature</i>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Supervisor Signature</i>
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RECAPITULATION

Regular monthly salary (if applicable) - - - - -				\$
Hours	Account Code	Regular @ \$	Overtime @ \$	()

Gross monthly salary - - - - -	\$
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SAMPLE