

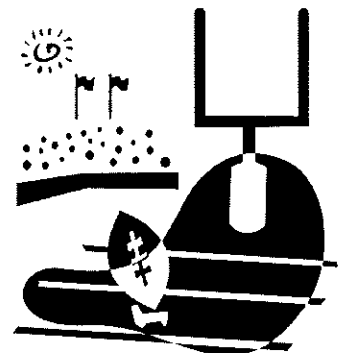
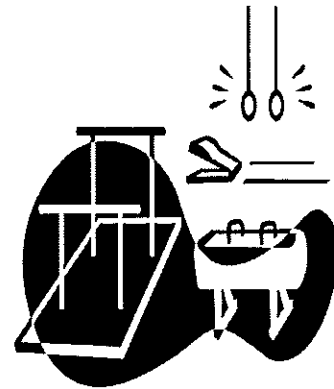


2016 – 2017 Student Athletic Handbook

Puyallup School District

****THIS PACKET CONTAINS ATHLETIC CLEARANCE
SIGNATURE FORMS ONLY ****

FOR COMPLETE STUDENT ATHLETIC HANDBOOK
CONTENT GO TO:
WWW.PUYALLUP.K12.WA.US >PROGRAMS >ACTIVITIES &
ATHLETICS >CONTENTS



2016-2017
STUDENT INTERSCHOLASTIC ATHLETIC HANDBOOK
INTRODUCTION

Participation in athletics in the Puyallup School District is a PRIVILEGE that involves TEAMWORK and SELF DISCIPLINE. Athletics is an excellent means of bringing together home, school and community, as well as contributing to your personal development, growth and education. The interscholastic athletic program also provides you the opportunity to compete in athletic contests with other schools, aids you in developing new friendships and teaches you good sportsmanship. The overall purpose of the Puyallup School District is academic growth and success. Athletics do not supplant this purpose. It is the Athletics Department's expectation that students will make appropriate progress toward academic expectations, requirements, and graduation.

If you decide to participate, be prepared to dedicate yourself to the athletic program. Remember, you will be a representative of your family, school and community, so your actions should be above reproach, both at and away from the athletic site. Some sports require the selection of team members. This selection is not always based entirely on athletic ability. Attitude, conduct, cooperation, loyalty and desire are also some characteristics that are considered in selecting team members.

The material in the Student Athletic Handbook pertains to ALL student athletes in the Puyallup School District and can be found in its entirety at:

www.puyallup.k12.wa.us > Programs > Activities & Athletics > Contents

*****This packet contains athletic clearance signature forms only. Complete the requested information, obtain all signatures as indicated and return the completed forms to your school Athletic Coordinator prior to the first practice.*****

Puyallup School District does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.

Question or complaints of alleged discrimination may be directed to:

Human Resources (253) 841-8764

Equity and Achievement (253) 840-8966

Title IX Coordinator (253) 841-8785

Section 504 Coordinator (253) 840-8966

A.S.B. CARD (revised 5/2014)

Every ninth grade student anticipating athletic participation at a PSD high school will purchase a JH ASB card at the HS ASB card rate of \$40 (All sales are FINAL). The 9th grade athletic ASB card will be the JH ASB card affixed with a sticker indicating the student's high school at which they will be participating and will provide home JH and HS athletic admission privileges. Any student who decides not to participate in HS athletic programs may purchase a JH ASB card at his/her own JH. All sales are final. However, if at a later date a student who purchased a JH ASB card decides to participate in any HS Athletic program, they will be required to pay a one-time fee of \$20 to the HS where they participate.

PUYALLUP SCHOOL DISTRICT ATHLETIC FEE (revised 5/2015)

Students who participate in junior high or high school athletics will be required to pay an athletic fee. This fee must be paid in full prior to participation in the first contest. Athletes will be required to pay the fee *for each season* in which they participate; Fall, Winter and Spring. The fee will be *reduced* for students who qualify for a reduced price lunch program. The fee will be *waived* for students who qualify for a free lunch program. Students and/or parents are responsible for providing documentation of their free or reduced lunch status by contacting Puyallup School District's Food & Nutrition office (253-841-8773) and requesting a copy of their eligibility letter.

ATHLETIC FEE SCHEDULE			
	General **	*Students who qualify for reduced lunch pay	* Students who qualify for free lunch pay
High School (9-12)	\$75.00	40.00	\$0
Jr. High (7-8)	\$40.00	20.00	\$0
<i>2016-2017 Athletic fees are subject to approval by the School Board.</i>			

**Students and/or parents are responsible for providing their free or reduced lunch eligibility letter at athletic clearance.*

Parents may contact PSD's Food & Nutrition office at 253-841-8773 to request a copy of their eligibility letter.

***Native American students may qualify for Title VII – Indian Education Program Funding if you have a completed 506 form on file (see your school counselor).*

ONLINE PAYMENT OPTION (new 8/2014)

AVOID WAITING IN LONG LINES BY PAYING FOR STUDENT FEES ONLINE! Families have the option of paying for select student fees including yearbooks, A.S.B. cards and athletic fees online through EZSchoolPay. This is the same website currently used for payments to student meal accounts. Parents can pay for student fees using the same email and password they use for purchasing meal money. To make purchases and/or create an account, go to www.ezschoolpay.com. A \$1.65 convenience fee (fee subject to change) will be assessed to the cart total to offset bank fees incurred by the District for this payment option. **Families taking advantage of this online payment option must PRINT THE RECEIPT and bring it to their athletic clearance day as proof of payment.** Failure to present the receipt will cause a delay in processing athletic clearance.

ATHLETIC REGISTRATION / PHYSICAL EXAMINATION

An athletic registration card must be on file for each student participating in any sport before he/she turns out or is allowed to participate in any sport. The athletic card must include:

- Parent permission and acknowledgment of risk signature
- Student acknowledgment of risk signature
- Evidence of insurance coverage
- Physical and baseline concussion screening clearance

Puyallup School District *requires* that:

- **Physicals and Baseline concussion screening are valid for a maximum of 24 months from the date of examination and/or screening unless it is designated LESS than 24 months by the medical authority.**
- **Physicals need to be valid for the entire season in order to begin participation (including summer programs). Physicals expiring during the season need to be renewed prior to the season.**
- **Student athletes requiring the attention of a physician due to illness and/or injury must have a physician's written release prior to returning to practice and/or competition. Game-related injuries are subject to WIAA regulations.**
- **Baseline concussion screening is recommended for all athletes, but required prior to participation in the following sport programs: Football, and Boys' and Girls' Basketball, Wrestling and Soccer.**
- **Return to Play after Concussion or Head Injury: A student athlete who has been removed from play may not return to any PSD activity (athletics, PE, open gym, swimming, etc.) until the athlete is evaluated by a licensed health care provider (Medical Doctor, Doctor of Osteopathy, Advanced Registered Nurse Practitioner, Physician's Assistant or Licensed Certified Athletic Trainer) trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider. All athletes diagnosed with a concussion must receive exertion testing clearance prior to return to play status. Prior to exertion testing athletes must be without concussion symptoms for a least 48 hours.**

SECTION IX

**PUYALLUP SCHOOL DISTRICT
PARTICIPATION HISTORY FORM
(COMPLETED ANNUALLY BY PARENT AND/OR ATHLETE)**

NAME: _____ STUDENT ID# _____ BIRTHDATE: _____

GRADE: _____ SPORT: _____ EXAM DATE _____ MALE FEMALE

ADDRESS: _____ CITY: _____ ZIP: _____ PHONE: _____

- | | <u>YES</u> | <u>NO</u> | <u>HISTORY</u> |
|-----|------------|-----------|---|
| 1. | ----- | ----- | Do you have any life threatening physical condition? If yes, a yearly school Emergency Action Plan and medical orders signed by a Physician must be attached to this form (see school nurse for forms). |
| 2. | a. ----- | ----- | Have you had any illness recently, or do you have an illness/injury now |
| | b. ----- | ----- | Have you had a medical problem, illness or injury since your last exam? |
| | c. ----- | ----- | Do you have any chronic or recurrent illness? |
| | d. ----- | ----- | Have you ever had any illness lasting more than a week? |
| | e. ----- | ----- | Have you ever been hospitalized overnight? |
| | f. ----- | ----- | Have you ever had surgery other than a tonsillectomy? |
| 3. | ----- | ----- | Are you presently taking ANY medication (including birth control pills, vitamins, aspirin, etc.)? |
| 4. | ----- | ----- | Do you have ANY allergies (medicines, bees, foods or other factors)? |
| 5. | a. ----- | ----- | Have you ever had chest pain, dizziness, fainting, passing out during or after exercise? |
| | b. ----- | ----- | Do you tire more easily or quickly than your friends during exercise? |
| | c. ----- | ----- | Have you ever had any problem with your blood pressure or your heart? |
| | d. ----- | ----- | Have any close relatives had heart problems, a heart attack or sudden death before they were age 50? |
| 6. | ----- | ----- | Do you have any skin problems (acne, itching, or rashes)? |
| 7. | a. ----- | ----- | Have you ever had fainting, convulsions, seizures or severe dizziness? |
| | b. ----- | ----- | Do you have frequent severe headaches? |
| | c. ----- | ----- | Have you ever had "stinger" or "burner" or "pinched nerve"? |
| | d. ----- | ----- | Have you ever been "knocked out" or "passed out"? |
| | e. ----- | ----- | Have you ever had a neck or head injury? |
| | f. ----- | ----- | Have you ever had a concussion? Date: _____ |
| 8. | ----- | ----- | Have you ever had asthma, or trouble breathing, or cough during or after exercise? |
| 9. | a. ----- | ----- | Do you wear eyeglasses, contact lenses or protective eye wear? |
| | b. ----- | ----- | Have you ever had any problem with your eyes or vision? |
| 10. | ----- | ----- | Do you wear any dental appliance such as braces, a bridge, plate, or retainer? |
| 11. | a. ----- | ----- | Have you ever had a knee injury? |
| | b. ----- | ----- | Have you ever had an ankle injury? |
| | c. ----- | ----- | Have you ever injured any other joint (shoulder, wrist, fingers, etc.)? |
| | d. ----- | ----- | Have you ever had a broken bone (fracture)? |
| | e. ----- | ----- | Have you ever had a cast, splint, or had to use crutches? |
| | f. ----- | ----- | Must you use special equipment for competition (pads, neck braces, neck roll, etc.)? |
| 12. | ----- | ----- | Has it been more than 5 years since your last tetanus booster shot? |
| 13. | ----- | ----- | Are you worried about your weight? |
| 14. | ----- | ----- | FEMALES: Have you had any menstrual problems? |
| 15. | ----- | ----- | Do you have any medical concerns about participating in your sport? |

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

Student Signature/Date: _____

Parent Signature/Date: _____

SECTION X

**PUYALLUP SCHOOL DISTRICT
PHYSICAL EXAMINATION FORM
(NOTE: THIS EXAMINATION IS FOR A PERIOD OF 24 MONTHS
PER WIAA REGULATION, UNLESS OTHERWISE INDICATED)**

NAME: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____

BLOOD PRESSURE: _____ PULSE: _____ VISUAL ACUITY: L _____ R _____

Normal		Abnormal
(1) _____	Head	_____
(2) _____	Eyes (pupils), ENT	_____
(3) _____	Teeth	_____
(4) _____	Chest	_____
(5) _____	Lungs	_____
(6) _____	Heart	_____
(7) _____	Abdomen	_____
(8) _____	Genitalia	_____
(9) _____	Neurologic	_____
(10) _____	Skin	_____
(11) _____	Physical Maturity	_____
(12) _____	Spine, Back	_____
(13) _____	Shoulders, Upper Extremities	_____
(14) _____	Lower Extremities	_____

CIRCLE CONDITIONS THAT MAY AFFECT STUDENT DURING SPORT/ACTIVITY:

ASTHMA DIABETES SEIZURE DISORDER ALLERGY to Bee Sting ALLERGY to Food _____ Other _____

CHECK HERE IF CHILD'S HEALTH CONDITION IS LIFE THREATENING: (Current Emergency Action Plan Required)

CHECK HERE IF STUDENT MUST HAVE ACCESS TO EMERGENCY MEDS: (Current Medication Form Required)

ASSESSMENT: FULL PARTICIPATION LIMITED PARTICIPATION (describe limiting restrictions)

PARTICIPATION CONTRAINDICATED (LIST REASONS):

RECOMMENDATIONS (EQUIPMENT, TAPING, REHABILITATION, ETC.):

PHYSICAL EXAMINATION COMPLETED BY:

PRINT EXAMINER'S NAME: _____ EXAMINER'S SIGNATURE: _____

DATE: _____ EXAMINER'S PHONE: _____

SECTION XI

THIS FORM IS REQUIRED ANNUALLY FOR ALL SPORTS
(Does NOT replace required baseline concussion screening)

PUYALLUP SCHOOL DISTRICT
CONCUSSION & SUDDEN CARDIAC ARREST
INFORMATION SHEET

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear.

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

If your child reports any symptoms of concussion or SCA, or if you notice the symptoms or signs of concussion or SCA listed on this form, seek medical attention right away.

Concussion Baseline Screening

Currently Puyallup School District board regulation 3422R requires pre-season concussion baseline screening for high impact athletic programs (Football, Boys’ and Girls’ Basketball, Wrestling and Soccer.) before the athlete is eligible for participation, and requires the return to play protocol shown below following a concussion.

- Concussion Baseline Screening: Prior to participation all athletes involved in high impact athletic programs (Football, Boys’ and Girls’ Basketball, Wrestling and Soccer) shall receive concussion baseline screening by/or under the supervision of an MD/DO/ARNP/PA-C/ATC who is trained in concussion management (3422R F2).

Baseline concussion screening SCAT3 forms for student athletes 13 years of age and older:

http://download.lww.com/wolterskluwer_vitalstream_com/PermaLink/JSM/A/JSM_23_2_2013_02_14_MCCRORYY_200872_SDC2.pdf

Baseline concussion screening SCAT3 forms for student athletes 5-12 years of age:

http://download.lww.com/wolterskluwer_vitalstream_com/PermaLink/JSM/A/JSM_23_2_2013_02_14_MCCRORYY_200872_SDC3.pdf

My signature below indicates that I have read and understand the Concussion Information and the Sudden Cardiac Arrest Information (included below).

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent / Guardian Printed

Parent / Guardian Signature

Date

(THIS PAGE INTENTIONALLY LEFT BLANK)

CONCUSSION INFORMATION

Symptoms may include one or more of the following:

<ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns	<ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment
--	--

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years. You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

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

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

For further information on concussions: <http://www.cdc.gov/headsup/youthsports/index.html>

SUDDEN CARDIAC ARREST INFORMATION

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

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

Warning Signs

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

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

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

For further information on SCA:

<http://us10.campaign-archive2.com/?u=fe2496ab0bb9900b8ccdc7730&id=226b151ce1>

RETURN TO PLAY PROTOCOL

Return to Play after Concussion /Head Injury or Sudden Cardiac Arrest: A student athlete who has been removed from play may not return to any PSD activity (athletics, PE, open gym, swimming, etc.) until the athlete is evaluated by a licensed health care provider (Medical Doctor, Doctor of Osteopathy, Advanced Registered Nurse Practitioner, Physician’s Assistant or Licensed Certified Athletic Trainer) trained in the evaluation and management of concussion and/or sudden cardiac arrest and receives written clearance to return to play from that health care provider.

All athletes diagnosed with a concussion must receive exertion testing clearance prior to return to play status. Prior to exertion testing athletes must be without concussion symptoms for a least 48 hours. (3422R F3).

Return to play exertion testing forms can be found at this link:

http://www.puyallup.k12.wa.us/pages/Puyallup_School_District/Activities_Resources/Athletics/Concussion_Management_Informat

THIS FORM IS REQUIRED ANNUALLY FOR ALL SPORTS

SECTION XII Parent Permission - Risk of Injury - Insurance - Emergency Medical Treatment - Athletic Code

PLEASE FILL OUT EACH SECTION COMPLETELY

- A. I hereby give permission for _____ to engage in interscholastic athletics in the Puyallup School District for the school year of _____ (includes summer participation).
- B. I understand that transportation will NOT be provided for in-district high school athletic contests/practices or for evening in-district junior high athletic contests. Transportation will be the responsibility of the student athlete .
- C. Your son/daughter has chosen to participate in a school district athletic/activity program. Some athletic/activity programs are more dangerous than others. Accidents can happen, and risks of serious and catastrophic injury do exist. Your signature below indicates that you have been advised as stated above on the risk of injury and that you assume the risk. Parents/Guardians may contact the office of the Athletic Director at Sparks Stadium or call 841-8785 for copies of specific athletic activity safety/risks.
- D. All athletes must be covered by private/personal medical insurance prior to participation. Fill in the appropriate spaces: (Note - school insurance is secondary if parents have their own insurance plan.)

- 1. My son/daughter is covered by: _____ Medical Insurance Company. This insurance plan covers summer participation. Yes ____ No ____
- 2. I have purchased school medical insurance. Yes ____ No ____

E. In case of emergency:

Primary Contact name: _____
Relationship: _____ Phone number: _____

Secondary Contact name: _____
Relationship: _____ Phone number: _____

F.

<p>Consent for Athletic Health Care Procedures</p> <p>I hereby give consent for my child to participate in the school's athletic program, and to receive any necessary healthcare treatment including first aid, diagnostic procedures, and medical treatment that may be provided by the treating physicians, nurses, athletic trainers, or other healthcare providers employed directly or through a contract by the school, or the opposing team's school. The healthcare providers have my permission to release my child's medical information to other healthcare practitioners and school officials. In the event I cannot be reached in an emergency I give permission for my child to be transported to receive necessary treatment.</p>
--

G. I have read the Athletic Handbook, as well as both sides of this form, and will help him/her honor the athletic code.

Parent's name (print) _____

Parent's signature _____

H. Student Signature Regarding Risk of Injury/Athletic Code

My signature below indicates I have read the Athletic Handbook and that I have been advised of the injury risk information (see "C" above). I acknowledge and assume the risk of injury noted in "C" above. As a member of the Puyallup School District athletic team, I will honor the Athletic Code on the back of this form. I understand this code applies to me as long as I am a student in the Puyallup School District.

Student's name (print) _____

Student's Signature _____

Athletic Code for Puyallup School District (revised and approved 5/2014)

Being an athlete is a PRIVILEGE that involves teamwork and SELF DISCIPLINE. Parents and coaches, along with athletes themselves, compose that team. In order to have a successful team, certain regulations must be identified and understood by everyone. The Puyallup School District Athletic Code exists in order to provide specific guidelines to be followed by students who represent their various schools in the field of athletics. These regulations are the product of the parents, students, coaches, school directors and administrators from the Puyallup School District. All members of a team bear the responsibility for working together to help make athletics a successful experience for everyone involved. Therefore this code shall be in effect 365 days a year, 24 hours a day. It will include those written rules and regulations established for students competing as representatives of the Puyallup School District. All students choosing to participate in athletic programs shall be given a copy of this code, and by virtue of their continued voluntary participation, shall agree to conduct themselves in accordance with the code.

A student athlete in the Puyallup School District shall not use, consume, or possess alcoholic beverages, cigarettes, tobacco, nicotine smoking/inhalant devices, e-cigarettes, vaporizers or anything used as a nicotine delivery device, steroids, illegal drugs, including marijuana, inhalants, or paraphernalia related to the use of illegal drugs and the abuse of prescription or non-prescription drugs. The athlete shall further abide by all written training rules established for the sport in which he/she is competing, and shall at all times behave in a manner that conveys respect for all individuals. Acts of harassment or hazing will not be tolerated. In addition, a student athlete shall at all times and in all situations, both as a participant and as a spectator, conduct him/herself with personal integrity and honesty. Any action or behavior that necessitates the imposition of team or school discipline or the committing of criminal acts outside of school will be viewed as a violation of the Athletic Code.

(I) TOBACCO – NICOTINE - ALCOHOLIC BEVERAGES - DRUGS - DRUG PARAPHERNALIA - STEROIDS

The use of tobacco products, nicotine, alcohol, legend drugs (including anabolic steroids), controlled substances and controlled substance analogs is prohibited. Any athlete possessing, selling, and/or using tobacco, nicotine products, alcoholic beverages, legend drugs, (including anabolic steroids) controlled substances or controlled substance analogs, or drug paraphernalia during the athletic school year (see VIII C below) shall be subject to the following disciplinary action.

1) First Violation:

- a) In season - The athlete will be suspended for no less than the remainder of the present sports season or up to sixty (60) school days. This penalty may carry over to the subsequent sports seasons.
- b) Out of season - The athlete will be placed on probation for a minimum of fifteen (15) school days during the next completed sports season in which the athlete participates; also, the athlete will miss the first interscholastic contest to follow his probation if no interscholastic contest should fall within the probation period.

2) Second Violation, whether in season or out of season, will result in suspension from all sports in the Puyallup School District for one calendar year (365 consecutive days) from the date of the second violation.

3) Third Violation, again whether in season or out of season, will result in permanent ineligibility for interscholastic competition in the Puyallup School District.

(II) THEFT OR POSSESSION OF STOLEN PROPERTY- HAZING/HARASSMENT - CRIMINAL ACTS

1) First Violation:

- a) In season - The athlete will be suspended for no less than the remainder of the present sports season or up to sixty (60) school days. This penalty may carry over to subsequent sport seasons.
- b) Out of season - The athlete will be placed on probation for a minimum of fifteen (15) school days during the next completed sports season in which the athlete participates; also, the athlete will miss the first interscholastic contest to follow this probation if no interscholastic contest should fall within probation period.

2) Subsequent Violation, whether in season or out of season, will result in suspension from all sports in the Puyallup School District for one calendar year (365 consecutive days) from the date of the violation.

(III) SOCIAL MEDIA

Comments, videos and photos on social media outlets can be used as evidence of athletic code violations and lead to athletic discipline.

(IV) SCHOOL DISCIPLINE/SUSPENSION

Any athlete involved in conduct which results in the imposition of disciplinary action other than school suspension may be declared ineligible for the next interscholastic contest for which he/she is eligible. If an athlete is suspended from school for disciplinary reasons for any length of time, the athlete will be placed on probation for up to a maximum of sixty (60) school days and miss at least the first contest following the suspension. Subsequent suspensions may result in suspension from all sports in the Puyallup School District for up to one calendar year (365 consecutive days).

(V) COACHES RULES

An athlete will abide by specific written rules formulated by the coach who has the responsibility for an athlete who violated those rules.

(VI) TRANSFER STUDENTS

Athletic suspensions or probations which have been imposed by other school districts on students transferring into the Puyallup School District will be honored.

(VII) AWARDS

If an athlete is on suspension at the conclusion of a sports season, the head coach may forfeit the athlete's privilege of earning a school letter, certificate or any other school athletic award.

(VIII) DEFINITIONS

- A) Probation - This is a trial period during which an athlete remains part of the team. The athlete attempts to correct his/her deficiencies within a prescribed time. The athlete will not be able to participate in contests involving other schools during this time.
- B) Suspension - An action that denies an athlete participation in athletics for a period of time. In cases where an athletic suspension carries over into his/her next sports season, it reverts to a probationary period provided the athlete completes that entire sports season.
- C) In Season - Begins with the first WIAA allowed practice day and ends with the awards ceremony for that sport.
- D) Out of Season: Any time not "in season."

(IX) PROCEDURES FOR DISCIPLINARY ACTION

- A) Disciplinary offenses are cumulative during junior high participation as well as senior high participation, but will not be cumulative from junior high participation to senior high participation. Students under athletic sanction at the end of junior high school must complete the required disciplinary action.
- B) The head coach, a building administrator and athletic coordinator shall determine disciplinary action resulting from violation of Puyallup School District athletic rules within three (3) school days of learning of the violation. The District Athletic Director shall be notified.
- C) For first violations of the tobacco, alcoholic beverages, drugs, steroids rules athletes have the option available to participate in and complete a school approved drug/alcohol/tobacco assessment program. Participation in this assessment option will not preclude a minimum athletic suspension period of fifteen (15) school days that must be completed before participation resumes. By agreeing to this option, the parent/guardian and student understand that they have waived their right to an appeal. In addition, athletes who voluntarily come forth seeking help for substance use problems may be granted immunity from disciplinary sanctions under the athletic code if they go through an assessment and enter a rehabilitation program.
- D) Athletes and parents will be notified of reasons for and types of disciplinary actions. A grievance procedure, as described in the Student Athletic Handbook will be followed for any athlete excluded from a sport, if so requested, in writing to the building principal or designee within five (5) school business days.

SECTION XIII

HIGH SCHOOL 9-12 ONLY
ATHLETIC ELIGIBILITY FORM

ATHLETIC ELIGIBILITY

Please answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information. A participant/parent/guardian that provides the school with false information may result in the participant being declared ineligible from interscholastic competition for a period of one year.

Student Athlete Name: _____

1. _____ Yes _____ No The above student is under 20 years of age.
2. _____ Yes _____ No The above student resides with his/her parents/legal guardians
3. _____ Yes _____ No The above student was enrolled (and not withdrawn) during the previous semester and received semester grades.
4. _____ Yes _____ No The above student passed at least 5 credit classes and maintained a 2.0 GPA during the previous semester.
5. _____ Yes _____ No The above student resides within the boundaries of the Puyallup school where he/she intends to participate.
6. _____ Yes _____ No The above student is presently enrolled in the Puyallup School District with a minimum of 5 credit-bearing classes.
7. _____ Yes _____ No The above student has been placed under athletic penalty or sanction by his/her previous school due to disciplinary action.
8. _____ Yes _____ No The above student is in High School Running Start.
9. _____ Yes _____ No The above student is a home school student

School attended last year:

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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THIS FORM IS REQUIRED ANNUALLY

SECTION XIV

PUYALLUP SCHOOL DISTRICT
JUNIOR HIGH WRESTLING
WEIGHT CERTIFICATION FORM

NAME: STUDENT ID# BIRTH DATE:
GRADE: SPORT: Jr. High Wrestling EXAM DATE: MALE FEMALE
ADDRESS: CITY: ZIP:
PHONE:

MINIMUM WEIGHT: (Required ANNUALLY for Jr. High Wrestling)

I recommend that the student named above should not be allowed to wrestle at any weight less than the indicated classification circled below:

JR HIGH:

80 87 94 101 108 115 122 129 136 145 155 167 180 195 225

PLEASE NOTE: THIS EXAMINATION IS REQUIRED ANNUALLY AND IS VALID FOR THE CURRENT SEASON ONLY AS PER WIAA & NFHS REGULATIONS.

ASSESSMENT: [] FULL WRESTLING PARTICIPATION
[] LIMITED PARTICIPATION (describe limiting restrictions)

[]

PARTICIPATION CONTRAINDICATED (LIST REASONS):

[]

RECOMMENDATIONS (EQUIPMENT, TAPING, REHABILITATION, ETC.):

[]

EXAMINER'S SIGNATURE: DATE:

PRINT EXAMINER'S NAME: DATE:

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