Wenatchee Public Schools

GENERAL INFORMATION

STUDENT’S NAME ____________________________________________
(Last Name)   (First Name)   (Middle Initial)

PARENTS/GUARDIANS ________________________________________
(Last Name)  (First Name)   (Middle Initial)

BIRTHDATE _______________  AGE _________________

ADDRESS ____________________________________________
CITY _________________________

PHONE NUMBER ____________________________
GRADE IN SCHOOL __________

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

_____ Are you currently living with your parent(s)?

_____ If no, are you living with your legal guardian?

_____ Are you currently living within the Wenatchee School District boundaries?

_____ Are you now or have you ever been a foreign exchange student?

_____ If yes, have you graduated from your equivalent school?

_____ Were you a transfer student last year?  If yes, what was the date of your entrance to the Wenatchee School District?  _____/____/______

What school did you attend last year? ____________________________________________

Name of School ____________________________________________

Location of School ____________________________
(City)              (State)

ATHLETIC INSURANCE INFORMATION

It is required that participation in Interscholastic Athletic Activities carry insurance for injury and/or accident. Many private insurance policies and employer sponsored group insurance plans DO NOT cover Interscholastic Athletic related injuries. ONE OF THE OPTIONS below must be completed to be eligible to participate in our Interscholastic Athletics:

_____ I have Accident/Medical insurance that covers my son/daughter during Interscholastic Athletics:

The Insurance Company is: ____________________________  Policy Number ____________________________

_____ School Insurance has been purchased to cover my son/daughter during Interscholastic Athletics

_____ SCHOOL TIME PLAN (covers all sports EXCEPT high school football)

_____ FULL TIME PLAN (covers all sports EXCEPT high school football)

_____ FOOTBALL PLAN (covers ONLY football)

(PARENT/GUARDIAN SIGNATURE)

FALSIFYING SIGNATURES ON ANY REQUIRED FORM WILL BE CAUSE FOR LOSS OF ELIGIBILITY FOR ACTIVITY

Office Use Only:
ASB Pd ____________  Sport/Locker:  Fall ____________  Winter ____________  Spring ____________
School Athletic Emergency Information/Medical Clearance

Name_____________________________________________________  Stu. #_________________________
Date of birth ______________________  Male_____   Female______   Grade__________   Age___________
Address____________________________________________ Telephone_____________________________
Parent(s)/Guardian(s)_______________________Parent Work phone#_______________Who?____________
Parent Work phone#_____________ Who?________Emergency phone#_____________Who?____________
Family Physician_________________________________Telephone_________________________________
Insurance Company_______________________________ Policy Number_____________________________
School Insurance:      ____ School Time Plan          ____Full Time Plan       ____ Football Plan

In the event of serious injury and your family doctor cannot be contacted, and if we are unable to contact one or the other parent, does the coaching staff/athletic trainer have your permission to seek medical attention from the nearest physician?
___YES  ___NO  If your answer is NO, please state the procedure you wish the coaching staff/ athletic trainer to follow:

I authorize release of the health care practitioner's (family physician and/or athletic physical provider) exam findings and other pertinent medical data as it relates to the participation of my child in Wenatchee School District sports activities.  I understand that the physical exam documentation will be kept on file at their school for middle level athletes and in the Wenatchee High School Athletic Department for high school athletes.

Parent Signature        Date

Examiner’s Signature

Examiner’s Name (Print)_______________________________

Examiner’s __Complete Physical  Required prior to middle school level and high school level participation
Section  ____Annual Update  Date of complete physical ___________________

Are there any significant findings the school medical/coaching staff should be aware of:
_____Head/neck/spine injuries  ____Loss of paired organs
_____Musculoskeletal injuries  ____Medications
_____Cardiopulmonary conditions  ____Allergic to medicines, insect bites, other
_____Other medical conditions (describe)

Please explain any of the above:_______________________________________________________________
_________________________________________________________________________________________

Assessment:
_____Full participation
_____Limited participation (describe limitations, restrictions): _____________________________________
_________________________________________________________________________________________
_____Participation contraindicated (list reasons and sports): _____________________________________
_________________________________________________________________________________________

Recommendations (equipment, bracing, taping, rehabilitation, etc):_______________________________

Wrestling:  Circle recommended weight class (minimum recommended body fat % for males= 7%)
High School:  103     112     119     125     130     135     140     145     152     160     171     189     215      275
Middle School:  64-75   70-82   87   92   97   103   112   119   125   130   135   140   145   152   160   171   189   215   Over 215   Others:  _____________

Date_________________

Examiner’s Signature__________________________________________

Examiner’s Name (Print)__________________________________________