



INGRAHAM HIGH SCHOOL

1819 N. 135TH ST., SEATTLE, WA 98133

Athletic Director: Traci Huffer, thuffer@seattleschools.org, 206-252-4000

Sports Information 2019-2020

Fall Sports: Cross Country, Volleyball, Girls Swim & Dive, Girls Soccer, Football, Golf, Cheer
Winter Sports: Girls & Boys Basketball, Gymnastics, Boys Swim & Dive, Wrestling
Spring Sports: Baseball, Fastpitch, Boys Soccer, Tennis, Boys & Girls Track & Field

Sports Registration Forms and fees are required each year prior to participating.

Forms available in the Ingraham High School Main Office.

Spring Sports forms due in February 13, 2020, to Main Office.

- **Seattle Public Schools Athletic Registration page** – Info and signatures required.
- **Health Insurance:** Required. Provide name of health insurance company and policy or group number.
 - Insurance website, go to: www.myers-stevens.com to purchase if needed.
- **Sports Physical Requires:**
 - 1) a physician's assessment 2) physician's signature 3) stamped with clinic name
 - Date of physical must be current and good thru the end of the sport season.
 - **Physicals are good for two years**
 - Check your student's physical's expiration date on their Source account.
 - Visit Ingraham HS website to schedule appt. for a physical if needed with Teen Health Center.
 - **Complete and submit Student Health Registration form online**– this goes to School Nurse
- **Athletic Transportation Form**–Requires parent and student signatures.
- **Weight and Fitness Room Consent Form** – Requires parent and student signatures.
- **Concussion Awareness Form** – Requires parent and student signatures.
- **Sport Sheet**- Required for each sport in which student participates. Requires parent and student signatures.
- **Concussion/Cardiac Arrest Information** - available on Seattle Public Schools website.

Students attending Private School or Home Schooled and participating in IHS sports:

- Complete SPS Registration forms. Visit seattleschools.org/enrollment for Athletics Only.
- Attach a copy of current grades with packet and submit 1st semester grades when available.

Students enrolled in Running Start Program participating in IHS Sports

- Complete Required Running Start Form – student, parent, staff signatures needed.

Newly Transferred Students will need to attach current grades/transcript from previous school.

- Previous School Form Required - see Athletic Department Secretary, Maria Medina, for assistance
- **Fees:** ASB Fee \$50.00 (Required) - due with the sports form – no exceptions. Free & Reduced Lunch recipient rate is \$25.
 - 1. Pay on-line thru your Source Account <https://www.schoolpay.com/pay/for/Activity-Card-Fees-for-/IdGWK>
 - 2. Check made payable to: IHS and turn in at Fiscal Office, Room 165 - or - .
 - 3. Exact Cash to Fiscal Office.

Student ID Cards are issued on picture day in September. Students must have a picture taken to receive an ID card.

ASB Sticker: (Associated Student Body): ASB stickers are available from the Athletic Secretary **with** proof of Sports Fee payment. Your ASB sticker allows you to receive discounts when purchasing admissions/tickets for school events.

Eligibility for Spring sports - GPA must be 2.0 or higher.

Eligibility is also based on the number of classes student is currently enrolled in. Please check with Athletic Director.

Thank you for participating in Ingraham High School Sports!

WEBSITES

Ingraham Athletic Booster Club (IABC) Info and Sports Forms: www.ingrahamathletics.org/ihsforms

District Info and Policies: seattleschools.org/departments/athletics/forms

Game Schedules: metroleague.org (game times subject to change) • WIAA.com for Rules/Regulations/Forms

Questions about Athletics Forms? Contact Maria Medina, Athletic Dept Secretary, 206-252-3889, mmedina@seattleschools.org



STUDENT-ATHLETE REGISTRATION PACKET

School Year (YY-YY)

Section I: Student Information

Name: _____ Grade: _____
Last First Middle Initial (Current School Year)

Student ID: _____ Birth Date: _____ Gender: Female Male Other

Home Address: _____
Address Line City/State Zip

Parent/Guardian #1 Name: _____ Emergency Contact Number: _____
Email Address: _____

Parent/Guardian #2 Name: _____ Emergency Contact Number: _____
Email Address: _____

Section II: School Information

Check ALL that are TRUE. (This section pertains to current high school students only; middle school students should skip to the next section.)

I am currently enrolled at Ballard Franklin Lincoln Roosevelt
Chief Sealth Garfield Nathan Hale West Seattle
Cleveland Ingraham Rainier Beach

I am a first-time athlete at this school

I am attending another Seattle high school If yes, school name: _____

I played sports at a different high school last year If yes, school name: _____

I am a Private School Student If yes, school name: _____

I am a Home School Student I am a Running Start Student

I am a Foreign Exchange Student I am enrolled in less than 5 classes

My GPA is less than 2.0 My address changed in the last 6 months

Section III: Parent Consent of Sport Injury Risk

Students may participate in a maximum of three (3) sports, one per sport season. Please indicate your choice(s) by placing a check mark in the box next to the selected sport(s). **Please attach Sport Risk/Injury Parent Consent forms to approve each chosen sport for your student:**

Fall:	Cross Country	Football	Golf	G. Soccer	G. Swimming
	Volleyball (HS)	Ultimate Frisbee (MS)			
Winter:	Basketball	Gymnastics	B. Swimming	Wrestling	
Spring:	Baseball/Softball	B. Soccer	Tennis	Track	Volleyball (MS)

Section IV: Medical Information & Medical Emergency Authorization

Family Doctor: _____ Contact Number: _____

Preferred Hospital: _____ Contact Number: _____

Medications in Use: _____ List all allergies: _____

Emergency Contact #1: _____ Relationship to Student-Athlete: _____

Contact #1 Number: _____

Emergency Contact #2: _____ Relationship to Student-Athlete: _____

Contact #2 Number: _____

I hereby grant permission to the Athletic Trainer Sports Service Provider and Team Physicians, or other physicians designated by the named athletic school and Parent/Guardian to provide my child with any medical care or surgical care that they deem reasonably necessary to my child's health and well-being as a result of injuries or other medical conditions occurring as the result of or during athletic activities.

I further authorize the Athletic Trainer Sports Service Providers who are under the direction and guidance of a physician to provide my child with any preventive, first-aid, rehabilitative or emergency treatment they deem reasonably necessary to my child's health and well-being as a result of injuries or other medical conditions occurring as the result of/or during athletic activities.

(Continued from Page 1) If reasonably necessary to provide the care described in the preceding two paragraphs, I grant permission to the Athletic Trainer Sports Service Provider and/or school officials to seek necessary treatment at a hospital or health care center.



Date: _____

Parent/Guardian SIGNATURE

Section V: Mandatory Athletic Insurance

I understand that my student may not participate in boys' or girls' after-school athletics unless he/she is covered by the approved Seattle School District Athletic Insurance Program or by an equivalent plan which provides benefits for loss due to a covered injury with a minimum benefit of \$25,000 for each injury including the following minimum provisions:

- | | | | |
|--------------------|--|--------------------|---------------------|
| o Surgery | 50% of usual and customary charges/\$12,000 maximum | o Emergency Room | 100% |
| o Physician Visits | \$40 per day for first visit and \$25 for following visits | o X-Rays | 60% or up to \$500 |
| o Dental | 60% | o MRI and CAT Scan | +80% or up to \$500 |

Please check one of the options and then sign below

Option 1: My student is currently enrolled in the approved Seattle School District Student Accident and Health Insurance Program.

OR

Option 2: My student is covered by a plan that is equivalent or better than the above requirements and I will continue to keep it in force throughout the sports season; therefore, I do not wish to enroll my student in the Seattle School District Athletic Insurance Program (high school) or the Seattle School District regular school insurance program (middle school)

Name of Company Providing Coverage

Policy Number or Employee Name



Date: _____

Parent/Guardian SIGNATURE

Section VI: Physical Examination

Washington Interscholastic Activities Association (WIAA) regulation 18.13.0 requires that prior to the first practice for participation in interscholastic athletics a student shall undergo a thorough medical examination and be approved for middle level and/or high school interscholastic athletic competition by a medical authority licensed to perform a physical examination.

This physical examination must include, but is not necessarily limited to:

- o Documentation of a detailed review of the student's medical history with special attention to presence or absence of cardiovascular/pulmonary risks and/or previous significant injury and rehabilitation there from.
- o Documentation of satisfactory examination of the cardiopulmonary system.
- o Documentation of satisfactory sport-specific orthopedic screening examination.
- o A written statement by the examiner as to the fitness of the student to undertake the proposed athletic participation, together with suggestions for activity modification if necessary.

WIAA regulation 18.13.5 states that for each subsequent twenty-four **consecutive** months, the student shall furnish a statement or physical examination form signed by a medical authority licensed to perform a physical examination that provides clearance for continued athletic participation.



Date: _____

Parent/Guardian SIGNATURE

Section VII: Student Handbook Verification

The Seattle Public School Student Athletic Handbook is available online <http://seattleschools.org/athletics>. Select Forms, select appropriate grade level, and select School Forms. Hard copies of handbook are available upon request. I certify that I have been provided information to access the Student Athletic Handbook. I will carefully review the information contained in the handbook and I agree to adhere to the policies and procedures set forth therein.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date



Parent/Guardian SIGNATURE

Date

The Seattle School District provides Equal Educational and Employment Opportunity without regard to race, creed, color, national origin, sex, handicap/disability or sexual orientation.

If you have questions regarding the school district's Affirmative Action Policy, call 206-252-0371



PREPARTICIPATION PHYSICAL FORM – HISTORY FORM

(DIRECTIONS: Form is to be filled out by the patient and parent prior to seeing the physician. Physician should keep this form in the chart.)

Name: _____ Exam Date: _____

Birth Date: _____ Gender: Female Male Other Sport(s): _____

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

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

Medicines: _____ Pollens: _____ Food: _____ Stinging Insects: _____

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

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

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

52. Have you ever had a menstrual period? _____
53. How old were you when you had your first menstrual period? _____
54. How many periods have you had in the last 12 months? _____

Explain "yes" answers here: _____

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

Athlete's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____



PREPARTICIPATION PHYSICAL FORM – EXAMINATION FORM

(DIRECTIONS: Form is to be filled out by physician. Physician please return form following appointment for school record/documentation.)

Name: _____ Exam Date: _____

Birth Date: _____ Gender: Female Male Other Sport(s): _____

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

EXAMINATION					
Height	Weight		Pulse		
BP	/	(/)	Vision	R 20/	L 20/
			Corrected:	Yes	No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/Ears/Nose/Throat • Pupils equal • Hearing		
Lymph nodes		
Heart - Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) - Consider GU exam if in private setting. Having third party present is recommended.		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic - Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.		

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional • Duck-walk, single leg hop		

Cleared for all sports without restriction
Cleared for all sports without restriction with recommendations for further evaluation or treatment for: _____

Not cleared
Pending further evaluation For any sports For certain sports: _____
Reason: _____

Recommendations: _____

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

Name of Physician (Print/Type): _____ Date: _____
Address: _____ Phone: _____
Signature of Physician: _____, MD or DO



PREPARTICIPATION PHYSICAL FORM – RETURN TO PLAY/CLEARANCE FORM

(DIRECTIONS: Form must be completed by physician for injured athlete to return to sport(s). Return form to school record/documentation.)

Name: _____ Exam Date: _____

Birth Date: _____ Gender: Female Male Other Sport(s): _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for:

Not cleared

Pending further evaluation

For any sports

For certain sports: _____

Reason: _____

Recommendations: _____

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

Name of Physician (Print/Type): _____ Date: _____

Address: _____ Phone: _____

Signature of Physician: _____, MD or DO

EMERGENCY INFORMATION

Allergies: _____

Other Information: _____

ATHLETE/GUARDIAN REMINDER

Return this form to school to include in the student's on-campus medical file. Copies can be made at school-site for the Athletic Director/Secretary, School Athletic Trainer and School Nurse.

Parent/Guardian Extracurricular Athletic Transportation Form



School Year: _____

Extracurricular Sport: (Circle those student wishes to participate)

Baseball/Softball

Football

Soccer*

Track/Field*

Wrestling

Basketball*

Golf

Swim/Dive

Ultimate Frisbee*

HS Sport Offered

Cross Country

Gymnastics

Tennis

Volleyball*

*MS Sport Offered

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

I am the parent or guardian of the student identified above. I wish for my student to participate in the elective extracurricular athletic program identified above.

I understand that practices or competitions for this elective athletic program may be conducted at a location away from my student's campus. I understand that in certain circumstances the District may provide transportation to and/or from such practices or competitions. In requesting that my student be permitted to participate in this elective athletic program, I agree that my student will ride in District-provided transportation when the District requires my student to do so. Exceptions will be allowed only for bona fide academic reasons (e.g. sixth period quiz), with my advance written authorization.

I further understand that in certain circumstances the District may not provide transportation for such practices or competitions. In requesting that my student be permitted to participate in this elective athletic activity, I agree that in those circumstances where the District will not provide transportation to such practices or competitions, I assume full responsibility for personally transporting my student, or for arranging transportation of my student, to and from such practices or competitions.

I acknowledge that if I elect not to personally drive my student to and from a practice for which the District does not provide transportation, any decision I may make to instead to allow my student to drive him or herself, or to ride in a vehicle driven by the parent or guardian of another student participant, or to ride in a vehicle driven by another student participant, is solely an exercise of my discretion as parent or guardian. I acknowledge that the assessment and decision whether it is safe to allow my student to drive to or from a particular practice, or to ride with another parent or guardian or student driving, is a family assessment and decision to be made by me or between me and my student.

By requesting permission for my student to participate in this elective athletic program, I agree that no person driving my student to and from an athletic practice for which the District is not providing transportation shall be considered an agent or servant of the District, in any respect or for any purpose, while driving my student to or from such a practice. Further, by requesting permission for my student to participate in this elective athletic program, I agree that should any claim be made against the District based on the driving conduct of any such person while that person is providing transportation for my student, I will defend, indemnify, and hold the District harmless as to such claim.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.



Parent/Guardian SIGNATURE

Date



Seattle Public Schools

Student and Parent/Guardian Concussion and Sudden Cardiac Arrest Awareness Form

Seattle Public Schools believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind, it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Recognition, Management and Information Sheet and Sudden Cardiac Arrest Information Sheet you received. Refer to them regularly throughout the school year.

This form must be signed annually by the student and parent/guardian prior to participation in Seattle Public School athletics. If you have questions regarding any of the information from these provided materials, please contact the Athletic Director at your school.

I have received, read, and understand the information presented in the Concussion Recognition, Management and Information Sheet and Sudden Cardiac Arrest Information Sheet.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date



Parent/Guardian SIGNATURE

Date



Seattle Public Schools

Concussion Recognition, Management & Information Sheet

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

Symptoms may include one or more of the following

- | | |
|--|--|
| <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 |
|--|--|

Signs observed by teammates, parents and coaches include

- | |
|---|
| <ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can’t recall events prior to hit• Can’t recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness |
|---|

Concussion Information Sheet (Continued)

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 fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

RETURN TO PARTICIPATION PROTOCOL

If you child has been diagnosed with a concussion they MUST follow a progressive return to participation protocol (under the supervision of an approved health care provider) before full participation is authorized.

The return to play protocol may not begin until the participant is no longer showing signs or symptoms of concussion. Once symptom free, the athlete may begin a progressive return to play. This progression begins with light aerobic exercise only to increase the heart rate (5-10 minutes of light jog or exercise bike) and progresses each day as long as the child remains symptom free. If at any time symptoms return, the athlete is removed from participation.

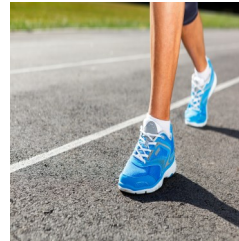
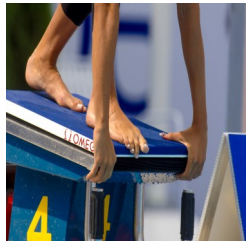
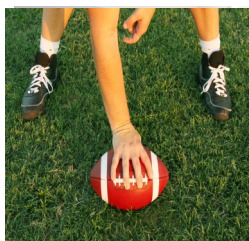


Sudden Cardiac Arrest

Awareness & Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



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

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

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

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

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

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

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



Cardiac 3-Minute Drill

1. RECOGNIZE

Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



Automated
External
Defibrillator

**Be Prepared!
Every Second
Counts!**



WEIGHT AND FITNESS ROOM: Inherent Risk Consent Form

The Inherent Risk Consent Form should be read and signed by all student athletes and students taking weight lifting/conditioning I and II, certifying that they have read the document, understand its content, and agree to its terms before using the weight and/or fitness room and kept by the classroom teacher or athletic directors.

This school strives to protect each student from possible injury while engaging in school activities. The rules and information provided below have been established for this activity and 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 and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Supervisors should ensure that all weight and fitness room rules are followed. The District has the right to revoke permission for this activity at any times, especially for violation of safety rules and school rules. Students or supervisors have no permission or authority to allow any other individual the use of the equipment.

- Weight training needs to be focused and serious. No horseplay at any time.
- Wear proper lifting clothes (and appropriate safety equipment)
- Shoes **MUST** be worn at all times (NO sandals or open-toe shoes)
- Use only equipment you have been instructed or allowed to operate
- Do NOT slam the weights on the weight machines
- Use partner/spotter at all times when using free weights. Stop and report absent lifting partner immediately.
- * Certain machines may require more than one spotter – see District approved supervisor. *
- Use weight belt on ALL overhead lifts and squats
- NEVER lift weights without supervisor present in the room
- Return all weights and equipment to their correct weight racks and/or weight trees
- Lift weights in accordance with instructions given by your supervisor
- Notify instructor of all maximum lift attempts
- No food, drink or gum in the weight room (water is OK)
- Use collars on barbells and properly use safety pins on machines
- Immediately report all accidents, injuries, hazards, and equipment failures to your supervisor
- Advise your supervisor if you are ill or have any prolonged symptoms of illness
- Individual schools may have additional rules/requirements. These weight room rules are intended to be the minimum requirements for all Seattle School District weight rooms.

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 weight training program. I am aware that weight training is a **HIGH-RISK ACTIVITY** and that practicing or competing in weight training will be dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of practicing and competing in weight training include, by are not limited to, death, serious neck and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of practicing or competing in weight training may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life. Because of the dangers of weight training, I recognize the importance of following coaches' instructions regarding techniques, training and other team rules, etc., and to agree to obey such instructions. I have read the above warning and release and understand its terms. I understand that weight training is a **HIGH-RISK ACTIVITY** involving many **RISKS OF INJURY**, including but not limited to those risks outlined above.

In consideration of the Seattle School District permitting my student to participate in weight training activities including practicing or competing, I hereby assume all the risks normally associated with weight training and agree to hold the school district, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise from such risks. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

We agree that neither the school district, nor the staff of the school district, nor the student organization of the school district shall in any way be held liable for any accident or injury in anyway received on account of or while engaged in any athletic activity sponsored by the district, except if caused by the sole negligence of the district. We further agree that neither the district nor any of their staff or student organizations shall be responsible or the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity and any injury.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date



Parent/Guardian SIGNATURE

Date



PARENT/GUARDIAN RELEASE FORM

Soccer Safety Guidelines



Seattle Public Schools strives to protect each student-athlete from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student-athlete and others from injury and/or illness. Participants and their parents/guardians 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 and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of Seattle Public Schools field trip policy and the activity coach.

Sport guidelines are as follows:

- Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment. (Shin guards are required.)
- Advise the coach if you are ill or have any prolonged symptoms of illness.
- Advise the coach if you have been injured.
- Engage in warm-up activities prior to strenuous participation
- Be alert for any physical hazards in the locker room or in or around the participation area. Advise the coach of any hazards or concern.
- Use equipment that complies with FIFA and/or WIAA rules (e.g., footwear, shin guards, etc.)
- Comply with soccer rules with special attention given to avoiding such violations as:
 - o Kicking or attempting to kick an opponent.
 - o Tripping an opponent.
 - o Jumping at an opponent.
 - o Charging an opponent from behind.
 - o Holding an opponent.
 - o Pushing an opponent.
 - o Striking or attempting to strike an opponent.
 - o 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**.

I am aware that **soccer** is a high-risk sport and that practicing or competing in **soccer** will be a dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risk of practicing and competing in **soccer** include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risk of practicing or competing in **soccer** may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

We agree that neither the school district, nor the staff of the Seattle Public Schools, nor the student organization of the Seattle Public Schools shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the District. We further agree that neither the District nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date



Parent/Guardian SIGNATURE

Date



PARENT/GUARDIAN RELEASE FORM

Ultimate Frisbee Safety Guidelines



Seattle Public Schools strives to protect each student-athlete from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student-athlete and others from injury and/or illness. Participants and their parents/guardians 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 and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of Seattle Public Schools field trip policy and the activity coach.

Sport guidelines are as follows:

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

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 **Ultimate Frisbee Program**.

I am aware that **ultimate frisbee** is a high-risk sport and that practicing or competing in **ultimate frisbee** will be a dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risk of practicing and competing in **ultimate frisbee** include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risk of practicing or competing in **ultimate frisbee** may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

We agree that neither the school district, nor the staff of the Seattle Public Schools, nor the student organization of the Seattle Public Schools shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the District. We further agree that neither the District nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date



Parent/Guardian SIGNATURE

Date



PARENT/GUARDIAN RELEASE FORM

Swimming & Diving Safety Guidelines



Seattle Public Schools strives to protect each student-athlete from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student-athlete and others from injury and/or illness. Participants and their parents/guardians 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 and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of Seattle Public Schools field trip policy and the activity coach.

Sport guidelines are as follows:

- Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
- Advise the coach if you are ill, have any prolonged symptoms of illness, or have been injured.
- Engage in warm-up activities prior to strenuous participation.
- Be alert for any physical hazards in the locker room or in or around the participation area. Advise the coach of any hazards or concerns.
- Know the location of rescue equipment in the pool area.
- Never enter the water without the coach (or the designated lifeguard) in the pool area.
- Check for clear water before swimming & diving; and when diving off the blocks, make it a shallow dive. Diving will be permitted only by divers who have been taught basic swimming & diving skills and are under the supervision of a qualified coach.
- Do not dive or enter the water head-first in an area not so designated or in less than 5 feet of water at any time.
- 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 & Diving Program**.

I am aware that **swimming & diving** is a high-risk sport and that practicing or competing in **swimming & diving** will be a dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risk of practicing and competing in **swimming & diving** include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risk of practicing or competing in **swimming & diving** may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

We agree that neither the school district, nor the staff of the Seattle Public Schools, nor the student organization of the Seattle Public Schools shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the District. We further agree that neither the District nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date

☒ Parent/Guardian SIGNATURE

Date



PARENT/GUARDIAN RELEASE FORM

Golf Safety Guidelines



Seattle Public Schools strives to protect each student-athlete from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student-athlete and others from injury and/or illness. Participants and their parents/guardians 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 and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of Seattle Public Schools field trip policy and the activity coach.

Sport guidelines are as follows:

- Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
- Advise the coach if you are ill, have any prolonged symptoms of illness, or have been injured.
- Engage in warm-up activities prior to strenuous participation.
- Be alert for any physical hazards in the locker room or in or around the participation area. Advise the coach of any hazards or concerns.
- 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.
- 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.
- 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. If you observe a ball off course, make any nearby groups aware of its existence by shouting or other appropriate means.
- 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**.

I am aware that **golf** is a high-risk sport and that practicing or competing in **golf** will be a dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risk of practicing and competing in **golf** include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risk of practicing or competing in **golf** may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

We agree that neither the school district, nor the staff of the Seattle Public Schools, nor the student organization of the Seattle Public Schools shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the District. We further agree that neither the District nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date



Parent/Guardian SIGNATURE

Date



PARENT/GUARDIAN RELEASE FORM

Baseball/Softball Safety Guidelines



Seattle Public Schools strives to protect each student-athlete from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student-athlete and others from injury and/or illness. Participants and their parents/guardians 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 and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of Seattle Public Schools field trip policy and the activity coach.

Sport guidelines are as follows:

- Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
- Advise the coach if you are ill, have any prolonged symptoms of illness or if you have been injured.
- Engage in warm-up activities prior to strenuous participation.
- Be alert for any physical hazards in the locker room or in or around the participation area. Advise the coach of any hazards or concerns.
- Recognize and familiarize yourself with surroundings (i.e., batters warming up, thrown bats, batted or thrown balls, (one person at a time) on-deck circle) and grounds (e.g., fences, field conditions such as holes, lips in infield edges, etc.).
- Use batting helmet while batting/running bases/hitting in batting cages.
- 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 head first into bases should be avoided.
- Follow instructions regarding communication between players (e.g., 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**.

I am aware that **baseball/softball** is a high-risk sport and that practicing or competing in **baseball/softball** will be a dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risk of practicing and competing in **baseball/softball** include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risk of practicing or competing in **baseball/softball** may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

We agree that neither the school district, nor the staff of the Seattle Public Schools, nor the student organization of the Seattle Public Schools shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the District. We further agree that neither the District nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date

☒ Parent/Guardian SIGNATURE

Date



PARENT/GUARDIAN RELEASE FORM

Track & Field Safety Guidelines



Seattle Public Schools strives to protect each student-athlete from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student-athlete and others from injury and/or illness. Participants and their parents/guardians 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 and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of Seattle Public Schools field trip policy and the activity coach.

Sport guidelines are as follows:

- Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
- Advise the coach if you are ill, have any prolonged symptoms of illness or have been injured.
- Engage in warm-up activities prior to strenuous participation.
- Be alert for any physical hazards in the locker room or in or around the participation area. Advise the coach of any hazards or concerns.
- Recognize the safety rules for restricted areas (e.g., javelin, discus, shot put, pole vault). These areas must be supervised.
- Stay on the designated running courses.
- Check equipment, apparatus, field and pits thoroughly before each use (e.g., debris in jumping pits, placement of standards, etc.).
- Be familiar with basic first aid treatment for heat exhaustion/stroke, sprained ankle, and other runner-related injuries.

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 & Field Program**.

I am aware that **track & field** is a high-risk sport and that practicing or competing in **track & field** will be a dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risk of practicing and competing in **track & field** include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risk of practicing or competing in **track & field** may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

We agree that neither the school district, nor the staff of the Seattle Public Schools, nor the student organization of the Seattle Public Schools shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the District. We further agree that neither the District nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date

 Parent/Guardian SIGNATURE

Date



PARENT/GUARDIAN RELEASE FORM

Tennis Safety Guidelines



Seattle Public Schools strives to protect each student-athlete from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student-athlete and others from injury and/or illness. Participants and their parents/guardians 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 and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of Seattle Public Schools field trip policy and the activity coach.

Sport guidelines are as follows:

- Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
- Advise the coach if you are ill, have any prolonged symptoms of illness, or have been injured.
- Engage in warm-up activities prior to strenuous participation.
- Be alert for any physical hazards in the locker room or in or around the participation area. Advise the coach of any hazards or concerns.
- Before swinging a racquet, make certain that the area around you is clear of others. Ensure that your equipment is in proper working and acceptable condition.
- Familiarize yourself with court, court surface and/or obstacles before beginning play.
- 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 **Tennis Program**.

I am aware that **tennis** is a high-risk sport and that practicing or competing in **tennis** will be a dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risk of practicing and competing in **tennis** include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risk of practicing or competing in **tennis** may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

We agree that neither the school district, nor the staff of the Seattle Public Schools, nor the student organization of the Seattle Public Schools shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the District. We further agree that neither the District nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name

Student-Athlete SIGNATURE

Date

 Parent/Guardian SIGNATURE

Date

RUNNING START STUDENTS AND WIAA ELIGIBILITY

WIAA Rule 18.6.0

2018-19

Students who access the Running Start Program at the community colleges find themselves on a different academic calendar from their high school for academic eligibility. There could be times during the high school year that Running Start students are not in school or taking academic courses. To ensure that students remain athletically eligible at their high school, they enter into the following contract with their school and commit to taking and completing the approved academic program at the community college and/or in conjunction with a blended schedule at their high school.

The purpose of this document is to record, in writing, the expectations of the _____ School District regarding the Running Start scholastic requirements of _____, a student/athlete at _____ High School, and serve as a safeguard for the _____ School District against penalty and sanctions if _____ (student) fails to meet the scholastic requirements as a Running Start student during the **2018-19** school year.

Expectations:

1. The _____ School District verifies the following approved academic schedule with _____, a Running Start student at _____ High School that will meet the WIAA and school district academic eligibility requirements.
2. The student, _____, agrees to attend all classes and to make no changes to his/her approved academic schedule without first consulting with his/her high school on the potential eligibility ramifications of such changes.

RUNNING START ACADEMIC PLAN for the _____ 2018-19 _____ School Year

Normal Credit Hour requirement at High School per Semester _____

RUNNING START TERM 1	Credit Hours	HIGH SCHOOL SEMESTER 1	Credit Hours	Total Credits Per Semester
1		1		
2		2		
3		3		
4		4		
RUNNING START TERM 2	Credit Hours			
1				
3				
4				
RUNNING START TERM 3	Credit Hours	HIGH SCHOOL SEMESTER 2	Credit Hours	Total Credits Per Semester
1		1		
2		2		
3		3		
4		4		

This agreement shall be signed and dated by the high school principal, the high school counselor, high school athletic director, the student/athlete, and his/her parents. By signing this agreement, the student and family agree to all terms of the agreement and understand they must adhere to the agreed academic plan for the school year or be subject to WIAA regulations 25.4.1 which states in part: "... [if] it is determined that the participant/parent/guardian provided the school with false information which caused the school to declare the participant eligible ... the participant will be declared ineligible for interscholastic competition for a period of one (1) year."

Signature of Principal

Date

Signature of Counselor

Date

Signature of Athletic Director

Date

Signature of Parent/Guardian

Date

Signature of Student

Date

25.4.1 The use of a participant who is ineligible by WIAA or local school district rules shall result in forfeiture of contests in which that participant took part, except in situations in which it is determined that the participant/parent/guardian provided the school with false information which caused the school to declare the participant eligible. In such cases, the participant will be declared ineligible for interscholastic competition for a period of one (1) year. The one (1) year penalty begins on the day the determination is made that false information had been provided. The one (1) year penalty may be appealed to the WIAA Executive Director.

GUIDELINES IN ESTABLISHING RUNNING START ELIGIBILITY (WIAA Rule 18.6.4)

- A. Determine the number of credits required for athletic eligibility at the student's high school. Example: Five 5 classes required in a six (6) period school day is equal to **2.5** semester credits needed for eligibility.
- B. Establish the student's academic schedule for the year, either entirely as a Running Start student or a student with a blended schedule of classes from both Running Start and the high school.
- C. Determine the number of credits to be earned in each of the courses.
- D. The credits in the Running Start second term can be used either for the first (1st) semester, the second (2nd) semester, or split between the two (2) semesters.
- E. It is possible that a Running Start student would not attend any classes during one (1) of the three (3) Running Start terms and still be eligible, provided he/she took enough credits during the other two (2) terms to meet or exceed the number of credits per semester for athletic eligibility at the high school.
- F. Running Start is a public school mainstream educational program. Eligibility is at the public school of residence where the student accesses the Running Start program. A student could still compete athletically for the private school if he/she maintain enrollment at the private school for at least 50 percent (%) of the school day at the private school.

WIAA FALL	2019-20 Coach	Email	Start	End	50%	Req Practices
XC	Bob Swift	ramsrn@gmail.com	8.26	11/9	9.23	10
Football:	Zach Elvig	zcelvig@seattleschools.org	8.21	12.7	10.7	12
Golf – Co-Ed	Jon Calderwood	joncalderwoodihsgolf@gmail.com	8.26			
G Soccer	Mike Wentzel	mjwentzel@seattleschools.org	8.26	11.23	9.30	10
G Swim & Dive	Sue Schoolcraft	sdschool@comcast.net	8.26	11.16	9.30	10
Volleyball:	Bronson Young	IHSRamsVB@gmail.com	8.26	11.23	9.30	10
WIAA WINTER	Coach	Email	Start	End	50%	
Boys Basketball	Malcolm Mack	bballmack@yahoo.com	11.18	3.7	1.6	10
Girls Basketball	Adam Johnson	adam.johnsonihshoops@gmail.com	11.18	3.7	1.6	10
Gymnastics	TBD	stay tuned!	11.11	2.22	1.6	15
Boys Swim/Dive	Sue Schoolcraft	sdschool@comcast.net	11.18	2.22	12.30	10
Wrestling	Thomas Taylor	taylorthomas6@gmail.com	11.18 —	2.22	12.23	12
SPRING SPORT	Coach	Email	Start	End	50%	
Baseball	DaShawn Patrick	Dashawn@preplinks.org	3.2	5.30	4.6	10
Soccer (Boys)	Hiram Hoffman	hiram.k.hoffman@gmail.com	3.2	5.30	4.6	10
Softball	Jon Calderwood	Joncalderwoodihsgol@gmail.com	3.2	5.30	4.6	10
Tennis Boys/Girls	Traci Huffer	thuffer@seattleschools.org	3.2	5.30	4.6	10
Track Girls Track Boys	Bob Swift Michael Davis	ramsrn@gmail.com Davismanthony@gmail.com	3.2	5.30	4.6	10

CLUB SPORTS	Coach	Email	Start	End	
Cheer	Stephanie Morraitis	stephmorraitis@yahoo.com	April: Info Meeting/Try Outs Paperwork Required		
Spring Football	Zach Elvig	zcelvig@seattleschools.org	Practice begins in June-Summer Forms due before practice		
Girls Lacrosse	Genevieve Kramer-Marion	kramermariog@spu.edu	Last week of Feb-Mid May		
Unified Sports	Dan Goodwin and Crew	dpgoodwin@seattleschools.org	Unified Co-Ed Soccer Spring		
Ultimate Frisbee Co-Ed	Ben Snell Charlie Mercer	bensimonsnell@gmail.com charlie.k.mercer@gmail.com	11/26-30 th 4-6pm Tryouts		Practice 11.13 4-6 IHS
Ultimate Frisbee B	Ben Snell	bensimonsnell@gmail.com	Practice begins in August 19 Stay Tuned!		
Ultimate Frisbee G	HeatherAnn Brauer	Heatherann.brauer@gmail.com	Practice begins in March		
Boys Water Polo	Gregory Mercer	Gregorymercerc2831@gmail.com	Check IABC site/email coach		
Girls Water Polo	Laura Rudolph	lauraemily.rudolph@gmail.com			
Athletic Director	Traci Huffer	thuffer@seattleschools.org			
Athletic Secretary	Maria Medina	mmedina@seattleschools.org 206-252-3889 Sports forms avail in June			

Student Accident Insurance is Now More Important Than Ever!

School Year
2018-2019



Despite your best efforts to protect them, children get hurt and out-of-pocket expenses for medical care can be significant.

- *Is your child already covered?*
- *Does your plan have large deductibles and co-insurance?*
- *Do you want to be able to see the doctor that YOU choose?*

Our Plans Can Help!

Arranged and Administered by:



myers | stevens | toohey

Determine the Plan(s) you want to purchase

You may go to the doctor or hospital of your choice!

Student Accident & Sickness Plan

Our Best Coverage!

Any students attending a participating school or school district may enroll in this plan. Covers Accidents and Sickness anywhere in the world, 24 hours a day, while your student is insured under this School Year's plan (including interscholastic sports, **except high school tackle football**). Remains Repatriation and Emergency Medical Evacuation benefits are included. This plan does not cover routine or preventative care except as mandated by state law.

Benefits are payable according to the "Description of Benefits" up to \$50,000 per Covered Sickness and \$200,000 per Covered Accident.

There is a \$50 deductible per Covered Accident or Covered Sickness.

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2017, provided the company receives the completed enrollment form and the required premium is paid. Coverage ends at 11:59 p.m. on July 31, 2019.

NOTE – Participation in commercial camps or clinics may be covered under this plan.

1st payment: \$139.00

(Covers remainder of month in which you enroll and 1 additional month)
Subsequent Payments: \$119.00 a month, billed every 2 months

Interscholastic Tackle Football Accident Plans

Students (grades 9-12) may enroll in these plans. Covers Injuries caused by covered accidents occurring

- While practicing or playing in interscholastic high school tackle football activities which are School-sponsored and directly supervised, including spring practice and summer conditioning, weight training and passing league
- While traveling for football in a School Vehicle or traveling directly and without interruption between School and off-campus site for such activities provided travel is arranged by and is at the direction of the School

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2018, provided the company receives the completed enrollment form and premium is paid. Coverage ends at 11:59 p.m. on July 31, 2019.

NOTE – Participation in commercial camps or clinics is not covered under these plans. See "Full-Time 24/7" plans. Practice or playing of football must be conducted under the regulations and jurisdiction of the applicable sports governing body.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$280	\$174	\$134

Full-Time 24/7 Accident Plans

Students (grades P-12 and school employees) may enroll in these plans. Covers Injuries caused by covered Accidents occurring 24 hours a day, anywhere in the world and while participating in all interscholastic sports except **interscholastic high school tackle football**.

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2018, provided the company receives the completed enrollment form and premium is paid. Coverage ends at 11:59 p.m. on July 31, 2019.

NOTE – Participation in commercial camps or clinics may be covered under this plan.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$273	\$171	\$117

School-Time Accident Plans

Students (grades P-12) may enroll in these plans. Covers Injuries caused by covered Accidents occurring

- On School premises during the hours and on days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while continuously on the School premises
- While participating in or attending School-sponsored and directly supervised activities including interscholastic athletic activities and non-contact spring football (**except interscholastic high school tackle football**)
- While traveling directly and without interruption to or from residence and School for regular attendance; or School and off-campus site to participate in School-sponsored and directly supervised activities, provided travel is arranged by and is at the direction of the School; and while traveling in School Vehicles at any time.

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2018, provided the company receives the completed enrollment form and premium is paid. Coverage ends at 11:59 p.m. on July 31, 2019.

NOTE – Participation in commercial camps or clinics is not covered under these plans. See "Full-Time 24/7" plans.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$68	\$50	\$32

Dental Accident Plan (\$150,000 Maximum)

Students (grades P-12) may enroll in these plans. Covers Injuries to teeth caused by covered Accidents occurring 24 hours a day, anywhere in the world, including participation in all sports and all forms of transportation.

Benefits are payable at 100% of the Usual, Customary and Reasonable charges for Treatment of injured teeth, including repair or replacement of existing caps or crowns. We do not pay for damage to or loss of dentures or bridges or damage to existing orthodontic equipment.

The coverage provides a "Benefit Period" of Accident dental benefits for up to one year from the date of first Treatment. The benefit period for an Injury may be extended each year, provided that: coverage is secured prior to October 1, the student remains enrolled in grades P-12, and written notice is received by the Company at the time of Injury that further Treatment will be deferred to a later date.

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2018, provided the company receives the completed enrollment form and premium is paid. Coverage ends at 11:59 p.m. on July 31, 2019.

\$21.00 purchased separately
\$17.00 when added to any plan(s) purchased

Pharmacy SmartCard™

Available to students, their families and school staff through our partnership with National Pharmaceutical Services (NPS), the SmartCard offers savings of up to **95%** of prescription drug costs and is accepted at over **63,000** pharmacies nationwide.

In addition, the program can provide "Instant Alerts" to potential medication interactions to better protect your family along with unique "Proof of Savings" reports mailed directly to you every six months.

After your payment has been processed, NPS will send you your ID card. Present your card each time you or a family member needs a prescription filled to receive your savings. For more detailed information, go to www.pti-nps.com or call 800-546-5677.

The SmartCard is not an insurance product and is not insured by ACE American Insurance Company.

\$36.00 for entire family, for one full year!

Affordable Rates

Call (800) 827-4695 With Questions

Determine the benefit level that best fits your needs

Description of Benefits

(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)

We will pay benefits only for covered Injuries sustained (or covered Sickness if this coverage is purchased) while insured under this School Year's plan. Benefits payable will be based on the Usual, Customary and Reasonable Charges incurred for covered medical and dental services, as defined by the Policy, subject to exclusions, requirements and limitations. We do not pay for a service or supply unless it is Medically Necessary and listed in the Description of Benefits below. Applicable benefits mandated by Washington will be included in the covered expenses. The covered person may go to any licensed provider of their choice however, seeking Treatment through a *First Choice* contracted provider may reduce your out-of-pocket costs.

To find participating *First Choice* medical providers nearest you, call 800-231-6935 or log on to www.fchn.com.

Covered Benefit Levels	Low Option	Mid Option	High Option	Student Accident & Sickness Plan
Plan Name	MAXIMUMS PER ACCIDENT			\$50,000 Maximum per Sickness \$200,000 Maximum per Accident
Tackle Football Accident Plan	\$25,000	\$50,000	\$50,000	
Full-Time 24/7 Accident Plan	\$50,000	\$100,000	\$150,000	
School-Time Accident Plan	\$25,000	\$50,000	\$50,000	
Deductible Per Covered Accident/Sickness	\$0			\$50
Covered Expenses	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Hospital Room & Board (semi private room rate) Paid up to:	60%	80%	100%	80%
Inpatient Hospital Miscellaneous Charges All other miscellaneous charges - Paid up to	\$600/Day	\$900/Day	\$1,600/Day	80% to \$4,000/Day
Intensive Care Unit - Paid up to	\$1,500/Day	\$1,800/Day	\$2,500/Day	80%
Hospital Emergency Room (room & supplies)	100%			80%
Outpatient Surgery, Misc. (room & supplies)	\$600	\$900	\$1,500	80% to \$4,000
Physician Non-Surgical Treatment & Exam (excluding Physical Therapy)				
First Visit	\$40	\$50	\$70	80%
Each Follow Up	\$25	\$35	\$45	80%
Consultation (when referred by attending Physician)	\$150	\$200	\$250	80%
Surgery	50% to \$12,000	70% to \$12,000	90% to \$12,000	80%
Assistant Surgeon Services	25% of Surgical Allowance			80%
Anesthesiologist Services	25% of Surgical Allowance			80%
Physiotherapy (includes related office visits) when prescribed by a Physician	\$30/Visit to \$500	\$45/Visit to \$600	\$60/Visit to \$700	80% to \$2,000
Diagnostic X-Ray Examinations	60% to \$500	70% to \$500	90% to \$500	80%
Diagnostic Imaging MRI, Cat Scan	80% to \$500	80% to \$700	80% to \$1,000	80%
Ambulance (from site of covered loss directly to hospital)	100%			80%
Laboratory Procedures and Registered Nurse Services	60%	80%	100%	80%
Braces and Appliances	60% to \$300	80% to \$500	100% to \$700	80% to \$1,000
Prescription Drugs	60%	80%	100%	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	60%	80%	90%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	\$300	\$300	\$300	80%
Medical Evacuation & Repatriation	\$0	\$0	\$0	100% to \$10,000

Benefits for Accidental Death, Dismemberment, Loss of Sight, Paralysis and Psychiatric/Psychological Counseling

(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)

In addition to medical benefits, if, within 365 days from the date of Accident covered by the policy, bodily injuries result in any of the following losses, we will pay the benefit set opposite such loss. Only one such benefit (the largest) will be paid for all such losses due to any one Accident.

• Accidental Death	\$10,000
• Single dismemberment or entire loss of sight in one eye	\$20,000
• Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia	\$30,000
Counseling - In addition to the AD&D benefits, we will pay 100% of the Usual, Customary and Reasonable Charge of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to	\$ 5,000

Choose Your Own Doctor and Hospital

Instructions

Thank you for enrolling your child!

To avoid any delay in coverage, please follow these 3 easy steps below:

- 1 Select** the plan(s) you wish to purchase below:
 - The Student Accident & Sickness Plan will provide our highest level of coverage.
 - Our Accident Plans may be purchased on an individual basis or combined with additional coverage (for example, Full-Time Accident + Dental).
- 2 Complete** and detach the enrollment form on the reverse side or you may enroll online (see below). Please note, we are unable to accept enrollments over the phone.
- 3 Purchase and Return**
Apply online at www.myers-stevens.com for IMMEDIATE processing!
We accept VISA and MasterCard.

If online enrollment is not available, you may either:
 - Fax** both sides of the completed Enrollment Form to (949) 348-2630. You may pay by credit card by completing the payment area on reverse or fax a personal check made payable to Myers-Stevens & Toohey & Co., Inc. *Please do not mail original checks if faxing.* We cannot accept Money Orders by fax.
 - Email** a scanned image of the completed Enrollment Form to apply@myers-stevens.com. You may pay by credit card by completing the payment area on reverse or scan a personal check made payable to Myers-Stevens & Toohey & Co., Inc. *Please do not mail original checks if emailing.* We cannot accept Money Orders by email.
 - Mail** both sides of the completed Enrollment Form in the enclosed envelope. You may pay by credit card by completing the payment area on reverse or enclose a check or Money Order made payable to Myers-Stevens & Toohey & Co., Inc.

PLEASE DO NOT SEND CASH

Our BEST Plan

Student Accident & Sickness

1st Payment ☐ \$139.00

You will be billed \$238.00 every 2 months thereafter.

Our Accident Plans

(One-Time Payment For Entire School Year)

PLANS:	High Option	Mid Option	Low Option
Tackle Football Only	<input type="checkbox"/> \$280.00	<input type="checkbox"/> \$174.00	<input type="checkbox"/> \$134.00
Full-Time (24/7)	<input type="checkbox"/> \$273.00	<input type="checkbox"/> \$171.00	<input type="checkbox"/> \$117.00
School-Time	<input type="checkbox"/> \$68.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$32.00
Dental Accident	<input type="checkbox"/> \$21.00 Purchased Separately		
	<input type="checkbox"/> \$17.00 When added to any plan(s) purchased		
Pharmacy Smart-Card	<input type="checkbox"/> \$36.00		

Total Amount Due

\$

Print Parent or Guardian Name

I enroll for the coverage checked below. I understand premiums cannot be refunded or converted and the Student Accident & Sickness Plan contains a Pre-Existing Conditions limitation.

WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

X

Parent or Guardian Signature

Date

PREMIUMS CANNOT BE REFUNDED OR CONVERTED

AH-29546

A

2018 - 2019 Enrollment Form

Complete all information (please print)
and return to Myers-Stevens & Toohey & Co., Inc.

Student Name			
First	Middle	Last	
<div></div>			
Student Birthdate			
<div></div>			
Mailing Address		Apt.#	
<div></div>		<div></div>	
City	State	Zip Code	
<div></div>			
Parent Daytime Phone Number			
<div></div>			
Parent E-mail Address			
<div></div>			
District Name			
<div></div>			<div></div>
School Name			Grade

Method of Payment

Note: \$25.00 service charge for Returned Checks and declined Credit Cards

- ☐ **Check/Money Order** (Make payable to: Myers-Stevens & Toohey & Co., Inc.) **or**
☐ **Mastercard® or Visa®**



Important: If paying by credit card, complete below. Charge will appear as "MYERS-STEVENS & TOOHEY 800-827-4695 CA" on your statement.

<div></div>			
Card Number	EXP. DATE	3 digit control #	
\$	MO.	YR.	
Amount	<div></div>	<div></div>	<div></div>

Print Name of Cardholder

Zip Code

I authorize Myers-Stevens & Toohey & Co. Inc. to deduct the premium payment, plus a 3% processing fee, from my credit card. If enrolling in the *Student Accident & Sickness Plan*, I am authorizing the initial premium payment and understand that I will be invoiced every 2 months for the subsequent payments.

X

Signature of Cardholder

Auto-Charge Option

Available for your convenience is the option to have your bi-monthly payments automatically charged to your credit card.

By initialing here _____, I hereby authorize Myers-Stevens & Toohey to charge the above credit card \$238, plus a 3% processing fee, on the 5th of the month that my payment is due. This authorization will remain in effect for the 2018/2019 school year until I notify Myers-Stevens & Toohey in writing prior to the next payment date.

570.WA

ACE

Easy Enrollment

Frequently Asked Questions...

If I have other insurance, why do I need this coverage?

Our plans can expand your choice of providers for your child and can help cover deductibles, co-pays and other out-of-pocket expenses.

I'm in a hurry! What is the quickest way to enroll?

We offer online enrollment at

www.myers-stevens.com.

Simply click the orange "Enroll Now" button on the home page, complete the enrollment process and your ID card will be emailed to you immediately!

If my child has no other insurance, what's my best buy?

Unless you need coverage for high school tackle football, the *Student Accident & Sickness Plan* is our broadest, best option. Next best is the *Full-Time 24/7 Accident Plan* with "High Option" benefits.

Can I take my child to any doctor or hospital?

YES! However, your out-of-pocket costs could be less by using a *First Choice* contracted provider. To find participating doctors/hospitals nearest you, call **800-231-6935** or log on to **www.fchn.com**

Are accident-only rates paid every month?

NO! Accident-only rates are one-time charges for the entire School Year.

Can interscholastic high school tackle football be covered?

YES! But only under the *Interscholastic Tackle Football Plan*. "High Option" benefits are recommended.

Do the *Interscholastic Tackle Football* or *School-Time* plans cover camps and clinics sponsored and organized by groups other than my child's school?

NO! However, such camps and clinics may be covered under our *Full-Time 24/7* or *Student Accident & Sickness* plans. Call us for guidance!

Still need help or have questions?

Go to www.myers-stevens.com or call us for prompt, personalized assistance at (800) 827-4695.

How To File A Claim

1. Report School-related Injuries within 72 hours to the School office. To find a *First Choice* provider nearest you, call 800-231-6935 or log on to www.fchn.com.
2. Obtain a claim form from the School or the Company. Claim forms must be filed with the Company within 90 days after the date of first Treatment.
3. At the same time, please file a claim with your other family sickness and/or Accident carrier.
4. Follow ALL claim form instructions, attach all itemized bills and send to:



Myers-Stevens & Toohey & Co., Inc.

26101 Marguerite Parkway

Mission Viejo, CA 92692-3203

949-348-0656 or 800-827-4695

Fax 949-348-2630

CA License #0425842

The Insurance Company

(Does not apply to the SmartCard)

CHUBB®

ACE American Insurance Company

436 Walnut St., Philadelphia, PA 19106

2017 Best Rated A++ (Superior)

(A.M. Best rating ranges from A++ to D)

This rating is an indication of the company's financial strength and ability to meet obligations to its insureds.

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

Exclusions

Benefits are not payable under the Policy for any of the following or loss that results from:

1. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
2. War or any act of war, declared or undeclared.
3. Commission of, or active participation in a riot or insurrection; fighting or brawling, except in self defense; commission of or attempt to commit a felony; or other illegal activity.
4. Suicide, attempted suicide or intentionally self-inflicted Injury.
5. Practice or play in interscholastic high school tackle football (unless separate football coverage is purchased), intercollegiate sports, semi-professional sports, or professional sports. (Does not apply to the Dental Accident Plan.)
6. Injury covered by Worker's Compensation, Employer's Liability Laws, or similar occupational benefits; Expenses payable by any automobile insurance policy without regard to fault.
7. Treatment by persons employed or retained by a school, or by any Immediate Family or member of the Covered Person's household; or covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
8. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical Treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food. (Does not apply to the Student Accident & Sickness Plan.)
9. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
10. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled Motor Vehicle not designed primarily for use on public streets and highways.
11. Treatment of detached retina (unless directly caused by an Injury), osteomyelitis or, pathological fractures. (Does not apply to the Student Accident & Sickness Plan.)
12. Any expenses related to the Treatment of tonsils, adenoids, or congenital weakness; or congenital anomalies and conditions arising or resulting directly there from.
13. Treatment of hernia.
14. Benefits are not payable under the Student Accident & Sickness Plan for a Sickness that is a "Pre-existing Condition" (a condition for which the Covered Person received medical Treatment, care or advice within 3 consecutive months before being insured under the Policy). But, this exclusion does not apply after the Covered Person has been insured under the Policy for 3 consecutive months or was insured under prior creditable coverage. This limitation does not apply if the Covered Person had prior creditable coverage within 63 days of the Insured Person's effective date of coverage under the Policy.

Student Accident & Sickness benefits are subject to a pre-existing condition limitation. Refer to Policy for definitions. This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including but not limited to, the payment of claims.

Requirements and Limitations

Aggravations of Injuries which did not occur while insured under this plan are paid up to \$500 maximum benefit per policy term. Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a motor vehicle are limited to a \$5,000 maximum benefit (up to \$10,000 if vehicle is a School Vehicle). Some motor vehicle Injuries are not covered - see exclusions above for details. School-time and high school tackle football injuries must be reported to the School within 72 hours of the date of Injury. The first Physician's visit must be within 365 days after the Accident occurs or Sickness commences. A claim form must be filed with Myers-Stevens & Toohy & Co., Inc. within 90 days after the date of loss or as soon as reasonably possible. The plan pays for covered expenses incurred within up to a year from the date of the first Treatment. However, should the Injury sustained require the removal of surgical pins, continued Treatment for serious burns, or Treatment of a non-union or mal-union fracture, the benefit period will be extended to 104 weeks. Each covered condition may be subject to a deductible - see plan details.

Definitions

Accident means a sudden, unexpected and unintended incident. "**Covered Accident**" means an Accident that results in Injury or loss covered by the Policy. **Injury** means accidental bodily harm sustained by the Insured that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. The Injury must be caused solely through accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **Medically Necessary** or **Medical Necessity** means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury and that, as determined by Us, are: (1) consistent with the symptom or diagnosis and Treatment of Injury; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured; and (4) the most appropriate supply or level of service that can be safely provided. When applied to the care of an Inpatient, it further means that the Insured's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **Sickness** means illness or disease contracted by and causing loss to the Insured Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Sickness. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Usual, Customary and Reasonable Charges – "**Usual**" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury. "**Customary**" means those charges made by the majority of providers in the area for the same or similar services or supplies. "**Reasonable**" means those charges that do not exceed the majority of the prevailing fees in the area for the same or similar services or supplies. "**Area**" means a county or larger geographically significant area as determined by Us. "**School Activities**" means an event or activity that is sponsored, authorized, and supervised by the School and is an official part of the School's curriculum or program.

Excess Provision

In order to keep premiums as affordable as possible, these plans pay benefits on a non-duplicating basis. This means, if a person sustains a loss covered under these plans that is covered under any other valid and collectable insurance, any amount payable or provided by the other coverage will be subtracted from the covered expenses, and we will pay benefits based on the remaining amount

IMPORTANT NOTICE: This Plan provides short-term limited duration sickness benefits. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov.

Premiums Cannot be Refunded or Converted

*For a brochure in Spanish, or for assistance in Spanish, please call 800-827-4695
Para un folleto en Español, o para asistencia en Español, por favor llame a 800-827-4695*

Call (800) 827-4695 With Questions