



ANACORTES MIDDLE SCHOOL
Athletics

Welcome to the *Anacortes Middle School Athletic Department*. We are looking forward to your student athlete joining our program. Here is some information to help you prepare for the upcoming sports seasons:

SPORTS OFFERED

Fall Season

(Sept-Oct)

Co-ed Cross Country

Girls' Soccer

Golf

Winter Season 1

(Nov-Dec)

Girls' Volleyball

(After Thanksgiving-end
of Jan)

Boys' Basketball

Winter Season 2

(Feb-March)

Wrestling

Girls' Basketball

Spring Season

(After April break-
before Memorial Day)

Boys' Soccer

Co-ed Track

Golf

List of things to do before your student can participate in a sport:

1. Fill out and return the attached Athletic Registration Signature Form to the middle school.
2. Fill out and return the attached Emergency Authorization Form to the middle school.
3. Have a physical on file in the middle school's Athletic Department. These are good for two years. If your student is a seventh grader, they will most likely need a physical done this school year. A form is attached. Golf is the only sport that a physical is not required.
4. Read the Anacortes Middle School-Activities/Athletic Code. Sign and return the Athletic/Activity Code Form to the middle school.
5. Pay the \$35.00 sports fee for each sport participation, up to a \$200.00 maximum per family. This fee is due before each game/match/meet. Financial assistance is available. Please contact Mark Perkins, 360-503-1245, or a counselor at 360-503-1198.

Student athletes are required to pass a grade check which will occur at various times throughout their season(s).

Please do not hesitate to call the Athletic/Attendance Office at 360-503-1248 with any questions.

Mark Perkins,
Anacortes Middle School Athletic Director

PLEASE PRINT USING
A DRK BLUE OR
BLACK PEN

Anacortes Middle School

GRADE _____

Athletic Registration Signature Form

THIS FORM MUST BE COMPLETED IN FULL TO PARTICIPATE IN SPORTS

Student Name: _____ Age: _____ Birthdate: ___/___/___ Sex: _____

Parent/Guardian Name: _____ Home/cell #: _____

Address: _____ City: _____ Zip: _____

Do you reside in the Anacortes School District? Yes ___ No ___

Turning Out for: (Fall) _____ (Winter 1) _____

Winter 2) _____ (Spring) _____

In order for a student to participate in interscholastic athletics, he/she must be covered by an accident insurance plan, either provided by the family or the school insurance plan offered through the school district. Please choose one from below:

____ I have personal insurance coverage through _____ (Company name). the equivalent or better than the Washington State Industrial Insurance Fee Schedule for doctors' services or hospitalization and I will continue to keep it in force throughout the sports seasons.

____ I have purchased school insurance on _____ (date). (Confirmed _____)

Physical: I have attached a copy of a physical that is dated within the last 2 years. PARENT INITIAL HERE: _____

MRSA Form: We have read the information about communicable diseases. We understand that it is our responsibility to make sure our student has their own water bottle, showers after practices and competitions using their own personal items

and has clean practice and competition clothing. We will notify the coach of any potential skin infections or if our student is diagnosed with mononucleosis or any other communicable disease.

PLEASE INITIAL HERE: parent _____ athlete _____

Concussion Information Sheet: We have read and understand the information provided, including the symptoms and signs of a concussion. We are aware that up-to-date information can be found at www.cdc.gov Concussion in Youth Sports)

PLEASE INITIAL HERE: parent _____ athlete _____

Risk Management Release Form: Each sport has its own sport specific safety guidelines. 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 an accident or injury in anyway 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 injury. 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 any sport activity. I certify that I have read this Safety Guidelines for my specific sport, understand its content and agree to its terms. PLEASE INITIAL HERE: parent _____ athlete _____

All middle school athletes must pay a sport fee during the first week of practice.

PLEASE INITIAL HERE: parent _____ athlete _____

We (parent/athlete) have read and completed the above information, including the insurance coverage information, the Athletic/Activities Code of Conduct, MRSA form, Concussion Information Sheet, Risk Management Release Form. I (parent/guardian) will accept full responsibility for the cost of treatment for any injury that my / our child may suffer while taking part in the program.

Parent / Guardian Signature

Date

Athlete Signature

Date