2019-2020
MERCER ISLAND HIGH SCHOOL
Steps to Complete Athletics Online Registration

Complete the following checklist for registration and eligibility for athletics

☐ A current physical is required to be on file in the Athletics office. Physicals are good for 2 years from the examination date. The physical must not expire during the season in which you are registering for. Each athlete also needs to have a current Athletic Health Form turned into the Athletics office. Athletic Health Forms are good for 1 school year.

☐ Each athlete must have a completed signature page on file with the Athletics office.

☐ Online Registration procedure: Online registration is completed through InTouch. Use your Skyward Family Access login and password OR use the student’s ID number (minus the leading zero) and last name as username and password. You may need to disable your cookies or lower your firewall settings while you are registering.

- Login from the Mercer Island High School Mainpage (under Families; select Online Fee payments) log on using your family skyward user name and password.
  https://wa-mercerisland.intouchreceipting.com/
- Select student’s name
- Select items at Students School
- Select Sports
- Select 2019-2020 Registration & Payments
- Select Registration Form
- Select BUY for the form (Eligibility). Even though it says Buy, there is no charge for these forms.
- Select Checkout Step 1: Additional information and fill out the form.
  Select Checkout. A receipt will appear if you have registered correctly.

☐ Submit Required Paper Forms to Athletic Office:
  1) Athletic Health Form
  2) Signature Form
  3) Emergency contact Card

☐ Once your athlete has made the team, use the online payment system to pay the appropriate Sport Fee.

For questions, please call the Athletic Office at 206-230-6345.
# 2019-20 MIHS Signatures

**Student Name:**

**Sport(s):**

As Parent/Guardian of the above named Student, I (we) hereby acknowledge I (we) have read and understand the warning included on the online Athletic Eligibility Handbook, and still give permission for him/her to participate in all the sports and related activities offered by Mercer Island School District (if any exceptions please indicate which sport). We realize that falsification of requested information will result ineligibility and loss of team contests due to the participation of ineligible player. The signatures below acknowledge that a parent or guardian and the participating student acknowledge they carefully read this entire form and the information is true.

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<tr>
<th>Parent/Guardian Initial</th>
<th>Student Initial</th>
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- Risk and Safety Guidelines/ Safety
- Athletic Training, Injury and Concussion
- Sudden Cardiac Arrest
- Concussion/ IMPact Testing
- Athletics and Activities Conduct Code
- MIHS Parent/Athlete Code of Ethics
- Uniform and Equipment Fines:
- Academic Eligibility Acknowledgment
- ASB cards now required for uniform check in/check out

By initialing above and signing this form, I/we acknowledge that we have read and understand all forms and safety as it pertains to each specific sport.

Date: ___________________  Student/Athlete Signature: ___________________

Date: ___________________  Parent/Guardian Signature: ___________________

***A SIGNATURE FORM MUST BE COMPLETED FOR EACH SPORT A STUDENT PARTICIPATES IN***
Mercer Island High School
ATHLETIC HEALTH FORM
To be filled out by the student/parent

Student __________________________ Birth Date ___________ Grade __________ Gender __________

Address ___________________________________________ Hm. Phone ___________________ Wk. Phone __________

Physician's Name (Please Print) __________________________ Phone _______________________

Physician's Address ________________________________________________________________

Date of last Tetanus Immunization? ________________ Date of last Measles Immunization? ________________

Explain "Yes" answers below

1. Overnight hospitalizations, operations or surgery? Dates
   O O
2. Are you presently taking any medication or pills?
   O O
3. Do you have any allergies (medicine, bees or other stinging insects)?
   O O
4. Have you ever passed out during or after exercise?
   O O
   Have you ever been dizzy during or after exercise?
   O O
   Do you tire more quickly than your friends during exercise?
   O O
   Have you ever had high blood pressure?
   O O
   Have you ever been told that you have a heart murmur?
   O O
   Have you ever had racing of your heart or skipped heartbeats?
   O O
   Anyone under 50 yrs old in the family die of heart problems?
   O O
5. Do you have any skin problems?
   O O
6. Have you ever had a head injury?
   O O
   Have you ever been knocked out or unconscious?
   O O
   Have you ever had a seizure?
   O O
   Have you ever had a stinger, bumer or pinched nerve?
   O O
7. Have you ever had heat or muscle cramps?
   O O
   Have you ever been dizzy or passed out in the heat?
   O O
8. Do you have trouble breathing or do you cough during or after activity?
   O O
9. Do you use any special equipment (pads, braces, mouth guard, etc.?)
   O O
10. Have you had any problems with your eyes or vision?
    O O
    Do you wear glasses or contacts or protective eye or vision?
    O O

11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?
    O O
    o Head o Shoulder o Thigh o Neck o Elbow o Knee o Chest o Foot
    o Forearm o Shin/calf o Back o Wrist o Ankle o Hip o Hand

12. Females Only: Have your menses begun? ________
    Do they come more often than once a month? ___________ Less often than every two months? ___________

Explain "Yes" answers to Questions 1-12 above: ____________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

The signature below indicates that a parent/guardian and the participating student acknowledge they have carefully read this form and the above information is true.

STUDENT SIGNATURE: __________________________ DATE: _______________

PARENT/GUARDIAN SIGNATURE: __________________________ DATE: _______________
Mercer Island High School
PHYSICAL EXAMINATION
The Mercer Island School District requires a physical exam every two years for sports participation. Physician's signature required for sports physical.

Name: ___________________________ Date: ________________

Height: _______ Weight: _______ BP: ______/______ Pulse: ______

Vision: R 20/____ L 20/______ Corrected: Y N Pupils __________

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<thead>
<tr>
<th>Normal</th>
<th>Abnormal Findings</th>
<th>Initials</th>
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<td>Foot</td>
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<tr>
<td>Other</td>
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Clearance:
A. Cleared
B. Cleared after completing evaluation/rehabilitation for: ________________________________
C. Not Cleared for:
   Collision O
   Contact O
   Activity level O ______ Strenuous ___ Moderately strenuous ___ Non strenuous
   Due to: ________________________________

Recommendation: ___________________________________________________________
______________________________________________________________________
______________________________________________________________________

Name of Physician: (PLEASE PRINT) ___________________________ Phone: ________________

Physician's Signature: ___________________________ Date of Exam: __________________
______________________________________________________________________

For office use only
Exam Exp: __________________
Clearance Exp: __________________
*** TRANSFER STUDENTS & FOREIGN STUDENTS ONLY ***

Student Name ___________________ Grade _____ Parent or Guardian's Name ____________________________

TRANSFER STUDENTS: WIAA rule 18.10 Transferring Students - After registering and/or attending a middle level or high school, students changing enrollment to/from one school district to another shall be considered transferring students and be ineligible for varsity competition for one calendar year. Transfer students must meet the normal residence requirements and the transferring student requirements of 18.10., 18.10.2 or 18.10.3. (available from Athletic Director - please set up a meeting with the Athletic Director).

(Students must submit a copy of his/her transcript from previous school before competition will be allowed.)

What school are you transferring from? ________________________________

Name______________________________

City________________________ State__________

Is this a private or public school? ____________________________________________

Did you participate in athletics at your previous school? ____________________________

If yes, how many years? _______ Which Sport(s)? ____________________________

FOREIGN EXCHANGE STUDENTS:
Are you a foreign exchange student? ____________________________________________

If yes, complete the following: When did you first enroll at this school? ______________

When will you be returning to your home land? ______________

**NOTE: All foreign exchange students must see the Athletic Director and receive state approval BEFORE participation is allowed! Foreign exchange students are eligible for 1 year of Varsity participation.

Students transferring to this country for one year (From WIAA Eligibility Form 6)

I am participating in a cultural/educational exchange program for non-athletic reasons. As a condition of eligibility, I understand that the residence/transfer rule shall be waived for only one year at the first school that I attend. Should I remain in this country longer, I will be considered a transferring student eligible at the junior varsity level for a one-year period of time.

Name (Please print) __________________________ Date of Birth __________________________

Signature __________________________ Country of Origin __________________________

Host High School __________________________ Grade Level __________________________

School Administrator/Title __________________________

Host Family __________________________ Date __________________________

☐ Yes ☐ No Student has / has not graduated from high school prior to coming to the United States.

If yes, please indicate the date of graduation __________________________
Mercer Island School District #400
Athletic Medical Emergency Authorization Form

All 2019-2020 Sports  Grade: _____  Birthdate: _____________  Gender: _____

Name: _______________________________  Parent 1 Name: __________________________  Parent 2 Name: __________________________
                                                    (Last)                      (First)

Home Phone: __________________________  Parent 1 work: __________________________  Parent 2 work: __________________________

Address: ________________________________________________________________
                                                    __________________________

City/ State: __________________________________________

Emergency Contact Name (other than parent): __________________________  Emergency Contact #: __________________________

Severe Allergies: __________________________________________  Drugs allergic to: __________________________

Date of last Tetanus shot: __________________________

Emergency Medication: __________________________

Chronic Illness: __________________________

Significant Injuries or Illness (such as seizures, heart condition, fractures, concussions, or sports related surgeries):

1. __________________________________________

2. __________________________________________

**Other past medical conditions that the school should be aware of are: (add any comments on students physical condition deemed important):**

__________________________________________________________

Choice of Physician to be called in case of an emergency:

Name: __________________________  Phone: __________________________

Choice of Hospital to be used: __________________________  Health Insurance Co.: __________________________

As a parent or guardian I authorize the team physician, team trainer, or the coach to render the necessary emergency procedure for any such injury. I would also authorize the above persons to provide the appropriate course of professional emergency care, such as Aid Car, EMS, or emergency room transportation, including consultation and treatment by a specialist (i.e. a surgeon or other medical professionals). Every effort will be made to contact the parents or guardians of the nature of the problem and the treatment involved beforehand.

Signed __________________________________________ (parent or guardian)