



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.intouchrecepting.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

<b>Student Name:</b>	<b>Sport(s):</b>
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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.

Parent/Guardian Initial	Student Initial	
		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

	No	Yes
1. Overnight hospitalizations, operations or surgery? Dates	<input type="radio"/>	<input type="radio"/>
2. Are you presently taking any medication or pills?	<input type="radio"/>	<input type="radio"/>
3. Do you have any allergies (medicine, bees or other stinging insects?)	<input type="radio"/>	<input type="radio"/>
4. Have you ever passed out during or after exercise?	<input type="radio"/>	<input type="radio"/>
Have you ever been dizzy during or after exercise?	<input type="radio"/>	<input type="radio"/>
Do you tire more quickly than your friends during exercise?	<input type="radio"/>	<input type="radio"/>
Have you ever had high blood pressure?	<input type="radio"/>	<input type="radio"/>
Have you ever been told that you have a heart murmur?	<input type="radio"/>	<input type="radio"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="radio"/>	<input type="radio"/>
Anyone under 50 yrs old in the family die of heart problems?	<input type="radio"/>	<input type="radio"/>
5. Do you have any skin problems?	<input type="radio"/>	<input type="radio"/>
6. Have you ever had a head injury?	<input type="radio"/>	<input type="radio"/>
Have you ever been knocked out or unconscious?	<input type="radio"/>	<input type="radio"/>
Have you ever had a seizure?	<input type="radio"/>	<input type="radio"/>
Have you ever had a stinger, burner or pinched nerve?	<input type="radio"/>	<input type="radio"/>
7. Have you ever had heat or muscle cramps?	<input type="radio"/>	<input type="radio"/>
Have you ever been dizzy or passed out in the heat?	<input type="radio"/>	<input type="radio"/>
8. Do you have trouble breathing or do you cough during or after activity?	<input type="radio"/>	<input type="radio"/>
9. Do you use any special equipment (pads, braces, mouth guard, etc)?	<input type="radio"/>	<input type="radio"/>
10. Have you had any problems with your eyes or vision?	<input type="radio"/>	<input type="radio"/>
Do you wear glasses or contacts or protective eye or vision?	<input type="radio"/>	<input type="radio"/>
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Head <input type="radio"/> Shoulder <input type="radio"/> Thigh <input type="radio"/> Neck <input type="radio"/> Elbow <input type="radio"/> Knee <input type="radio"/> Chest <input type="radio"/> Foot		
<input type="radio"/> Forearm <input type="radio"/> Shin/calf <input type="radio"/> Back <input type="radio"/> Wrist <input type="radio"/> Ankle <input type="radio"/> Hip <input type="radio"/> 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 \_\_\_\_\_

	Normal	Abnormal Findings	Initials
Cardiopulmonary			
Pulse			
Heart			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

C. Not Cleared for: Collision

Contact

Activity level  \_\_\_\_\_ Strenuous \_\_\_\_\_ Moderately strenuous \_\_\_\_\_ Non strenuous

Due to: \_\_\_\_\_

Recommendation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Physician: (PLEASE PRINT) \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

For office use only Exam Exp: _____ Clearance Exp: _____
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**\*\*\* 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)? \_\_\_\_\_

Please fill out the rest of this page

**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:** \_\_\_\_\_ **Parent 1 cell:** \_\_\_\_\_ **Parent 2 cell:** \_\_\_\_\_

**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 case, 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)**