



## MERCER ISLAND HIGH SCHOOL

### Steps to Complete Athletics Online Registration

**ALL Sports will be open to register for (Fall, Winter, Spring)**

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 an **Athletic Packet** 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 Main page (under Families; select Online Fee payments) log on using your family skyward username and password.  
<https://wa-mercerisland.intouchrecepting.com>
    - Select student's name
    - Select items at Students School>Select Sports
    - Select 2021-2022 Registration & Payments
    - Select Registration Form \* You are able to register for all seasons at once\*
    - 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. Make sure to complete Indented sport for each season you are registering for.
    - Select Checkout. A receipt will appear if you have registered correctly.
  
- Submit Required Paper Forms to Athletic Office:**
  1. Signature Page with name listed and all sports listed you are registering for
  2. Athletic Health Form
  3. Current Physical on file
  4. 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, or email: [becky.lemaster@mercerislandschools.org](mailto:becky.lemaster@mercerislandschools.org)



## 2021-2022 MIHS Signatures

List below all sports you are registering for:

<b><u>Student Name:</u></b>	<b>Fall Sport:</b>
	<b>Winter Sport:</b>
	<b>Spring Sport:</b>

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/ Student Athletic Eligibility Handbook
		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: \_\_\_\_\_

Mercer Island High School  
**ATHLETIC HEALTH FORM**  
 To be filled out by the student/parent

Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work 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? Add dates below	0	0
2. Are you presently taking any medication or pills?	0	0
3. Do you have any allergies (medicine, bees, or other stinging insects?)	0	0
4. Have you ever passed out during or after exercise?	0	0
Have you ever been dizzy during or after exercise?	0	0
Do you tire more quickly than your friends during exercise?	0	0
Have you ever had high blood pressure?	0	0
Have you ever been told that you have a heart murmur?	0	0
Have you ever had racing of your heart or skipped heartbeats?	0	0
Anyone under 50 years old in the family die of heart problems?	0	0
5. Do you have any skin problems?	0	0
6. Have you ever had a head injury?	0	0
Have you ever been knocked out or unconscious?	0	0
Have you ever had a seizure?	0	0
Have you ever had a stinger, burner or pinched nerve?	0	0
6. Have you ever had heat or muscle cramps?	0	0
Have you ever been dizzy or passed out in the heat?	0	0
8. Do you have trouble breathing or do you cough during or after activity?	0	0
9. Do you use any special equipment (pads, braces, mouth guard, etc?)	0	0
10. Have you had any problems with your eyes or vision?	0	0
Do you wear glasses or contacts or protective eye or vision?	0	0
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?	0	0
<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 once a month? \_\_\_\_\_ Less often then 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 complete evaluation/rehabilitation for: \_\_\_\_\_

C: Not Cleared for: Collision

Contact

Activity Level  \_\_\_\_\_ Strenuous  \_\_\_\_\_ Moderately strenuous  \_\_\_\_\_ Non strenuous

Recommendation:

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

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

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

<p><b>For office use only:</b>  Exam Exp: _____  Clearance Exp: _____</p>
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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.J 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 homeland? \_\_\_\_\_

**\*\*\*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 2021-2022 Sports

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parent 1 Cell #: \_\_\_\_\_ Parent 2 Cell #: \_\_\_\_\_

City/ State: \_\_\_\_\_ Email: \_\_\_\_\_

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)