

# NESPELEM SCHOOL DISTRICT No. 14

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Virginia Lezard, Administrative Assistant  
Mitzi Adolph, Business Manager  
Linda Descoteaux, District Admn Asst / AP Spclt  
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## BOARD OF DIRECTORS

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Anna Vargas, Legislative Rep.  
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August 1, 2022

Nespelem Student-Athlete:

On behalf of Nespelem Athletics, I want to welcome you to the 2022-2023 Nespelem school year. We are glad you have decided to consider participating in athletics here at Nespelem Middle School. As a student-athlete at Nespelem Middle School, we have high expectations for you. These expectations not only apply to the field, court, mat, and track, but also in the classroom. We expect our student-athletes to study, go to class, practice arduously, and perform at your pinnacle in order to obtain your potential athletically as well as academically.

While teaching and coaching at Nespelem, it is obvious we have students with a myriad of abilities. We also provide you with the facilities in order to bestow your talents. Our Nespelem staff is here to foster your adeptness in order for you to advance your capabilities and cultivate a welcoming, safe, and challenging environment. This is why Nespelem emphasizes a focus on our students. We want the absolute best for you. Furthermore, we strive to be our best so one day you will move toward receiving your high school degree and arrange to accept undertakings, which will take you places you have always wanted.

Toward the end of this packet, you will find an Authorization to Pick up Nespelem School Students form. Please complete this form, so our coaches and the front office will know who is authorized to take you home after practice and after a game/competition. It is priority to Nespelem School District the safety of our students. We ask the authorized person to be available in order to take you home after practice and competitions at Nespelem School. We understand occurrences happen, and if you are unavailable to take your child home after practice or a competition, the school will accommodate you the best we can.

Again, we are fortunate to have you as a student-athlete. I hope this message finds you well and you are healthy. It is a privilege to have the distinction of being athletic director for Nespelem Middle School. Please feel free to contact me should the need ever arise. We wish you the best in all of your athletic and academic endeavors. My email is [rfrescas@nsdeagles.org](mailto:rfrescas@nsdeagles.org) and my phone number is (509)634-4541 ext. 120.

Respectfully,

*Ron Frescas*

Ron Frescas



# Nespelem Middle School

## Participation Guidelines for Athletes

Athletic Programs offered to Nespelem School students in grades 5, 6, 7 & 8 include: Cross Country, Volleyball, Football, Basketball, Wrestling, and Track. Students wishing to participate in athletics must meet eligibility requirements set forth in the athletic code and must have current physical and insurance information. Basketball allows 5-8 grade students, whereas Cross Country, Volleyball, Wrestling, and Track and Field allows 6-8 grade students. In order to participate in Football, students need to be in 7<sup>th</sup> and 8<sup>th</sup> grade.

### Nespelem Middle School Participants Guidelines for Athletes

1. **Requirements** must be met prior to participating in a given sport season. This includes practices and competitions. A current Physical, Student-Parent/Guardian Warning Form, Insurance waiver, Participation Guide Lines form, and Field Trip Permission Form.
2. **Academic Standards** – the minimum is that the athlete must be passing in all core subjects with no F average and a 2.00 GPA average to date for Reading, English, Math, Science and Social Studies. Each Thursday grade are checked for eligibility. Students that are not eligible may not participate in any contest/games for the following week, and can only go to practice after participating in study table before school, at lunch recess or after school. **In addition to academic standards, an “S” (for Satisfactory) or better in Citizenship needs to be achieved/maintained.**
3. **Attendance:** School attendance prior to a contest or practice must be in attendance the FULL DAY of school. Any exceptions must be cleared by the AD or Principal.
4. **Discipline:** The dismissal or removal from class for disciplinary reasons may disqualify a student from participation in extracurricular activities. All violations will be reported to the A.D. Consistent discipline occurrences may result in retaining a letter from a student-athlete.
5. **Training Regulations:** No use, possession or sales of tobacco, items associated with vaping, alcoholic beverages, illegal drugs, or drug paraphernalia
6. All athletes shall attend all practices, meetings, contests, unless excused by the coach or has a valid excuse from a parent or guardian.
7. **Equipment:** School equipment may be checked out to student and will be their responsibility. Students are expected to keep it clean and good condition. Loss or damage of issued equipment will be the student's financial obligation, and will not receive a letter in the sport, which the student competed in.
8. **Travel:** Each team member will travel to and from sporting events with the team, unless a parent/guardian personally requests in writing to the coach or advisor (Return trip only). If a parent or an authorized person wants to take a student home after competition, a form will be available for the parent or authorized person to print and sign his or her name. Students must conduct themselves properly while traveling with the team. If a student is dismissed from traveling with the team due to behavior, her or his letter can be taken.
9. **Playing Time:** Playing time is earned not given. The coach decides who and when a Nespelem student-athlete should play. The coach will play team members as they can, but there may be times when some of the athletes will not play.

\*This is not a complete list of all of the rules and regulations. The WIAA has more regulations and a coach may have more team rules. If you have questions contact the Athletic Director Ron Frescas @ 509-634-4541 ext. 120 or rfrescas@nsdeagles.org.

We acknowledge that we have read & understand all guidelines of this form.

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Parent/Guardian

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Student Athlete

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Date

**NESPELEM SCHOOL DISTRICT  
ATHLETIC PARTICIPATION  
PERMISSION FORM**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Day Phone \_\_\_\_\_ Student Grade \_\_\_\_\_

Please answer the following questions pertaining to athletic eligibility and fill out all other information on this form. It is extremely important to give accurate information. A participant/parent/guardian who provides the school with false information may cause the participant to be declared ineligible for interscholastic competition for a period of one year.

- Yes  No The student is under 20 years of age.
- Yes  No The above student resides within the boundaries of the Nespelem School District
- Yes  No The above student resides with their parents/legal guardians.
- Yes  No The Student was in attendance in school at least 15 weeks of the previous semester.
- Yes  No The student met academic eligibility standards during the quarter/semester.
- Yes  No The student is presently enrolled in the Nespelem School District
- Yes  No The above student is in running start.
- Yes  No The above student is a registered home school student.

School Attended Last Year \_\_\_\_\_  
From (month/year) \_\_\_/\_\_\_ to \_\_\_/\_\_\_

Athletic Director Approval \_\_\_\_\_  
Date \_\_\_\_\_



# FIELD TRIP PERMISSION FORM

Informed Consent Form – District Curricular/Co-curricular/Interscholastic Activities

Student Name \_\_\_\_\_

## General Information

Date \_\_\_\_\_

The \_\_\_\_\_ is planning a trip to \_\_\_\_\_

The purpose of this trip is \_\_\_\_\_

Trip Destination \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Place of Lodging \_\_\_\_\_

We will leave from \_\_\_\_\_ about (time) \_\_\_\_\_ [ ] AM [ ] PM

on (date) \_\_\_\_\_. We will return to the school on (day) \_\_\_\_\_ (date) \_\_\_\_\_

at about (time) \_\_\_\_\_ [ ] AM [ ] PM [ ] Itinerary is attached. [ ] List of items needed is attached.

Attending:

Number of Students [ ]

Minimum Number of Adults [ ]

## Type of Transportation

[ ] District Vehicle

[ ] Commercial Transportation

[ ] District Bus

[ ] Other (explain) \_\_\_\_\_

## Medical Information

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions or special diets are needed: \_\_\_\_\_

## Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorized the school district to secure emergency medical care as needed.

Name of Preferred Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

[I understand that the school district does not purchase or have medical/dental/hospitalization insurance to cover injuries to or losses of life of pupils, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent or guardian.]

Name of Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Although I understand that the school district will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. With this knowledge I expressly release and hold harmless the school district its employees, agents, or volunteer from any liability associated with this field trip and realize this activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning.

Being fully aware of the risks, I hereby give consent for (student) \_\_\_\_\_ to participate in the activity.

Parent Name \_\_\_\_\_

Home Address \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Emergency No. \_\_\_\_\_

Date \_\_\_\_\_



**MEDICAL EMERGENCY AUTHORIZATION FORM**

TO BE COMPLETED BY PARENT AND RETURNED TO SCHOOL PRINCIPAL'S OFFICE

Name of Student Athlete \_\_\_\_\_

As Parent or Legal Guardian, I authorize the team physician or, in his absence, a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent or Guardian)

Parent's Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Emergency Contact Person

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship of contact person \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Family Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**FOR SCHOOL USE ONLY:**

Completed Form Received \_\_\_\_\_  
Date Name

Duplicate Copy Distributed to \_\_\_\_\_

\_\_\_\_\_

on \_\_\_\_\_  
Date

Insurance coverage by parents Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

One copy filed in Student Permanent Record: \_\_\_\_\_  
Date By Name

**NESPELEM ELEMENTARY SCHOOL FIELD TRIP PERMISSION FORM**  
***Informed Consent Form-District Curricular/Co-curricular/Interscholastic Activities***

Throughout the **2022-20223** your child will be invited to participate in several field trips. Many of these trips are educational in nature and expand our students experience beyond the classroom and are very valuable to the total learning process.

I am asking that parents sign this form giving their child permission to attend the year's field trips. You will receive timely information regarding each trip so if you decide you do not want your child to attend, you can call the principal's office and have them excluded. We will then provide an alternative experience at school or you may keep your child at home that day as an excused absence.

*(Although I understand the school district will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in these activities. With this knowledge, I expressly release and hold harmless the school district its employees, agents, or volunteers from any liability associated with any field trips and realize these activities provide learning experiences for the students and allow them an opportunity to apply their classroom learning/knowledge.)* Please be aware the bus driver has jurisdiction while your child is riding the bus. If the bus driver believes it is the benefit of the class(s)/riders/student-athletes to be moved, removed, or arranged favorably in order to guarantee a pleasant bus ride, she or he is allowed to execute this procedure.

**Medical Release:**

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorized the school district to secure emergency medical care as needed. Name of Preferred Doctor \_\_\_\_\_ Phone# \_\_\_\_\_  
(I understand that the school district does not purchase or have medical/dental/hospitalization insurance to cover injuries to or losses of life of pupils, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent/guardian.)

Name of Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Emergency # \_\_\_\_\_

Being fully aware of the risks, I give permission for my **child** \_\_\_\_\_ to attend field trips throughout the **2022-2023** school year and I will be given advanced information about each trip.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Sincerely,  
Effie Dean, Superintendent  
Nespelem Elementary School

Nespelem School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) are designated to handle questions and complaints of alleged discrimination: Civil Rights and Title IX Coordinator: Business Manager, , 509-634-4541 ext 102, and 504 Coordinator: Counselor Desirae Beareagle, 509-634-4541 ,ext. 110 [edean@nsdeagles.org](mailto:edean@nsdeagles.org). Address: PO Box 291, 229 School House Loop Road Nespelem, WA 99155



NESPELEM SCHOOL DISTRICT-Student Health/Athletic Information Form

Female \_\_\_\_\_ Male \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please place an X on all health conditions which apply to your student.

\_\_\_ My child has no known health problems

\_\_\_ Asthma-use inhaler at school? Yes \_\_\_ No \_\_\_

\_\_\_ Bee Sting Allergy-Treat with: Benadryl \_\_\_ Epi-pen \_\_\_ Other \_\_\_\_\_

\_\_\_ Food Allergy \_\_\_\_\_ Treat with: Benadryl \_\_\_ Epi-Pen \_\_\_ Other \_\_\_\_\_

\_\_\_ Other Allergies \_\_\_\_\_

\_\_\_ Diabetes \_\_\_\_\_

\_\_\_ Heart Condition-Activity Restrictions? Yes \_\_\_ No \_\_\_

\_\_\_ Seizures-Uses seizure medication? Yes \_\_\_ No \_\_\_

\_\_\_ Known Hearing Loss \_\_\_\_\_

\_\_\_ Physical or Birth defect \_\_\_\_\_

\_\_\_ Head injury or concussion (date and information) \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

Medications used at home \_\_\_\_\_

Are any of the above conditions life threatening? Yes \_\_\_ No \_\_\_

As Parent/Guardian, I agree to contact the school nurse to create an Individualized Health Care/504 Plan for my child with a life threatening condition. State law requires all students with life threatening conditions to have both medical authorization and necessary medication at school before the student will be allowed to attend school. Medication that may be required under the law include, but are not limited to : meter-dose inhalers, Epi-Pens, insulin, and medication for seizures. (per RCW28A.210Sec.1)

Consent: I authorize and give my consent to the authorities of Nespelem School District to obtain emergency medical treatment. I also authorize medical authorities to perform upon or administer necessary emergency medical or surgical treatment to the above names student. District authorities are not excused from attempting to contact me before relying upon this authorization. I also authorize that the information listed above may be shared with school personnel on a need-to-know basis to facilitate the school district in providing a safe environment for my child. I authorize the 504 coordinator to evaluate my student for a 504 accommodation plan if needed. If there are any health changes to the above listed information, it will be the Parent/Guardian's responsibility to inform the school on the yearly update student information form.

Signature of Parent/Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Provider Name \_\_\_\_\_ Provider Phone \_\_\_\_\_



**Nespelem  
Concussion 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"> <li>• Headaches</li> <li>• "Pressure in head"</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul> | <ul style="list-style-type: none"> <li>• Amnesia</li> <li>• "Don't feel right"</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul> |
|--|---|

**Signs observed by teammates, parents and coaches include:**

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

**What can happen if my child keeps on playing with a concussion or returns to 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 athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for 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.

For current and up-to-date information on concussions you can go to:  
<http://www.cdc.gov/ConcussionInYouthSports/>

\_\_\_\_\_  
Student-athlete Name Printed      Student-athlete Signature      Date

\_\_\_\_\_  
Parent or Legal Guardian Printed      Parent or Legal Guardian Signature      Date



# NESPELEM MIDDLE SCHOOL

## CONCUSSION INFORMATION

### Fact sheet for parents

#### WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding”, “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of a concussion can appear suddenly after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of a concussion, or if you notice the symptoms yourself, seek medical attention right away. It is important to know symptoms and recovery is different for everyone. If symptoms persist over three months, your child should seek a specialist. Your child can also be affected cognitively, which can lead to having difficulty learning in the classroom. Someone who has experienced a concussion may struggle comprehending material pertaining to his or her academics.

#### WHAT ARE THE SIGNS & SYMPTOMS OF A CONCUSSION?

##### Signs Observed by Parent/Guardian

If your child has experienced a bump or blow to the head during a game or practice, look at any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets instruction
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

##### SYMPTOMS REPORTED BY ATHLETE

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light



- Sensitivity to noise
- Feeling sluggish, hazy, foggy, groggy, tired, no energy, or fatigue
- Concentration or memory problems
- Confusion
- Doesn't feel right
- Personality Changes

#### EMOTIONAL SYMPTOMS

- Irritable
- Sad
- Emotional
- Nervous/Anxious



## HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from a concussion.

- Ensure they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmet, padding, shin guards and eye & mouth guards). Protective equipment should fit properly, be well maintained and worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

### WHAT SHOULD I DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. **Keep your child out of playing.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's okay. Children that return to play too soon while the brain is still healing risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child's coach about any concussions.** Coaches should know if your child had a recent concussion in any sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

### IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

For more information and to order additional materials free of charge, visit:

[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

For more detailed information on concussions and traumatic brain injury, visit:

<http://cdc.gov/injury>

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Parent/Guardian Signature

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Date



**Nespelem Middle School**  
**Student-Parent/Guardian Warning**

It is the school district's intent to provide any athlete with good instruction, safe equipment and safe transportation; but we cannot eliminate all risks involved in sports participation. ACCIDENTAL INJURY COMPLETELY UNRELATED TO ANY PREVENTABLE CAUSE IS ALWAYS POSSIBLE.

This warning form is designed to provide this school district with a degree of protection. It is not designed to deny the rights of any injured athlete. OUR SCHOOL DISTRICT PROVIDES WIAA CATASTROPHIC MEDICAL INSURANCE COVERAGE TO PARTICIPATING STUDENTS. Participants in WIAA sponsors interscholastic activities are all voluntarily and extracurricular. As a condition to participate in these activities, you and your parents/guardian(s) must understand THE RISKS involved in these kinds of activities.

**“WARNING”**

Participation in any athletic activity may involve injury of some type to either yourself or a fellow student athlete. Such injury can include direct physical and possible crippling injury to one's body and the possibility of emotional injury experience as a result of witnessing or actually inflicting injury such as complete paralysis or even ones future ability to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

Activity injury can result from the incorrect or correct performance of playing techniques used in tryouts, practice, warm-ups, drills, exercises and other similar undertaking. Injury can also result from failing to follow game, training safety or other rules. Injury can be the result of the use of transportation provided or arranged by the school district to and from interscholastic activity.

Therefore, the purpose of the WARNING is to aid you in making an informed decision as to whether you/your child should participate in these activities. In addition, it is our priority to assist you in understanding the responsibility of learning or to inquire coaches, physicians (MD or Doctor of Osteopathy), Advanced Registered Nurse Practitioner (ARNP), Physician's Assistant (PA), or Licensed Athletic Trainer (LAT) about any concerns you may have at any time regarding participation safety.

By signing this document, we acknowledge that we have read and understand its content and warning related to the stated risks and give our permission for \_\_\_\_\_ to participate in interscholastic activities.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION REQUEST FOR  
WAIVER OF ACCIDENT PLAN COVERAGE**

**2022-2023**

Dear Superintendent/Athletic Director

I understand that my child cannot participate in interscholastic athletics unless my child is covered by Nespelem School Accident Plan or a plan provided by my family.

I have insurance coverage equivalent or better than the Washington State Industrial Insurance Fee Schedule for doctors services or hospitalization and will continue to keep it in force throughout the sport; therefore I **do not** wish to enroll my child \_\_\_\_\_ in the School Accident Coverage Plan.

Name of the company providing medical insurance coverage is:

\_\_\_\_\_

Colville Tribes Indian Health Service Unit is my Health Coverage for:

\_\_\_\_\_

I accept full responsibility for the cost of treatment for any injury which my child may suffer while participating in the program. Please waive this coverage requirement and permit my child to take part in athletics and sports contests.

\_\_\_\_\_  
Parent/Gaurdian Name (Please Print)

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PARTICIPATION  
PHYSICAL EXAM FORM**

**COLVILLE INDIAN HEALTH SERVICE**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Health Care Provider \_\_\_\_\_ Health Care Phone \_\_\_\_\_

Sports \_\_\_\_\_ Grade \_\_\_\_\_

Notify in Emergency \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Alternate Emergency Name \_\_\_\_\_ Alternate Emergency Phone \_\_\_\_\_

Medications (taken regularly) _____ _____ Last Tetanus shot _____ (year)	Allergies: Medicine _____ Bee Sting _____	<b>Student must return to the school business office before practicing or competing.</b>
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**History**

Explain "Yes" answers below:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Have you had a medical problem or injury since your last evaluation?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been in the hospital or had an operation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been dizzy or passed out during or after exercise?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had chest pain during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had high blood pressure, a heart murmur, or irregular heartbeats?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has anyone in your family died of heart problems or a sudden death before age 50?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been knocked out or unconscious, had a head injury, or a seizure?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had a "stinger," "burner," or pinched nerve?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had muscle cramps, heat exhaustion, or heat stroke?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have trouble breathing or do you cough during or after activity?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had asthma, diabetes, mono, or other medical problems?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you missing an eye, kidney, or testicle?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guard, etc.)?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had a sprain, strain, dislocation, stress fracture, joint swelling, or broken bone? | <input type="checkbox"/> | <input type="checkbox"/> |

neck     back     shoulder     elbow     wrist     hand  
 hip     thigh     knee     shin/calf     ankle     foot

15. Are you satisfied with your weight?  Yes     No

16. At what age was your first menstrual period? \_\_\_\_\_ Do you have at least eight periods in a year?  Yes     No

Please explain "Yes" answers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian: (Please read and sign)**

I hereby state that, to the best of my knowledge, the answers to the above questions are correct.  
I approve of my child's participation in the Grand Coulee Dam School District athletic program, and I give permission for my child to receive a physical examination.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_



# PHYSICAL EXAMINATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

	Normal	Abnormal Findings	Initials
<b>HEENT</b>			
<u>Pupils Equal</u>			
<u>Heart</u>			
<u>Pulses</u>			
<u>Lungs</u>			
<u>Abdominal</u>			
<u>Testicles/Hernia</u>			
<u>Musculoskeletal (Symmetry/ROM/Strength/Flexibility)</u>			
<u>Neck</u>			
<u>Back</u>			
<u>Shoulder</u>			
<u>Elbow</u>			
<u>Wrist</u>			
<u>Hand</u>			
<u>Hip</u>			
<u>Knee</u>		R MCL R ACL L MCL L ACL	
<u>Ankle</u>		R ANT DRAWER L ANT DRAWER	
<u>Foot</u>			

- No restriction for sports participation.
- Clearance withheld pending attached verification of rehabilitation/evaluation for: \_\_\_\_\_

Limited Participation. Not cleared for the following types of sports: \_\_\_\_\_

Recommendations \_\_\_\_\_

Examiners Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Print Name and Address \_\_\_\_\_

# NESPELEM SCHOOL DISTRICT No. 14

## ADMINISTRATION

Effie Dean, Superintendent / Principal  
Virginia Lezard, Administrative Assistant  
Mitzi Adolph, Business Manager  
Linda Descoteaux, Administrative Assistant / AP  
David Cirk, Director Facilities / Transportation

PO Box 291  
229 Schoolhouse Loop Rd  
Nespelem, WA 99155  
Phone: (509) 634-4541

## BOARD OF DIRECTORS

P. Jolene Marchand, Chair  
Jarae Cate, Director  
Anna Vargas, Legislative Rep.  
Annette Moses, Director  
Nancy Armstrong-Montes, Director

## Authorization to Pick Up Nespelem School Students

The Nespelem School District has established administrative policy which requires all students to have parent permission to leave the school after Sporting Events with someone other than the parent of guardian for safety reasons. This request will be honored upon the receipt of the attached, signed request form.

My Child \_\_\_\_\_ has my permission to be picked up by:

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Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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Parent/Guardian Signature	Date
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