



Three Rivers Christian School ATHLETIC CLEARANCE PROCEDURES

ATTENTION: Parents/Guardians and Athletes

The following information and procedures are required for participation in Three Rivers Christian School athletics. This checklist may help you be prepared for the season:

- The athlete must have a physical examination by a licensed physician. Physicals are good for two years.
- The athlete must have adequate insurance coverage. TRCS does not have insurance.
- The athlete and parent/legal guardian must read and agree to follow the guidelines set forth in the TRCS Athletic Handbook, including the Code of Conduct, Transportation Guidelines, etc. A signature by both the athlete and parent/guardian on the Athletic and Medical Emergency Authorization Form will acknowledge an understanding and acceptance of these rules.
- The parent/legal guardian signature on the Athletic and Medical Emergency Authorization Form will also give permission for emergency medical attention.
- Athletic fee of **\$150** for middle school and **\$200** for high school per sport is required.
- Both the WIAA and TRCS have minimum grade requirements. The athlete's grades will be checked prior to the first game. Please refer to the Athletic Handbook in order to be familiar with the rules and regulations of both.
- The athlete must be enrolled in a minimum of four classes per day.
- The Athletic and Medical Emergency Authorization Form (including up to date medical insurance information), a current physical card (signed by a physician), and a signed statement acknowledging safety and injury risks, must be turned into the office prior to the beginning of the sports season.
 - If medical insurance information changes during the school year, the office must be notified of the change.
 - All forms and money must be turned in by the first practice, or the athlete is ineligible to practice/play. The forms are: (1) Athletic Clearance Procedures (2) Safety guidelines (3) Permission Slip (4) Athletic and Medical Emergency Authorization (5) Concussion Information (6) Physical Examination (7) Sudden Cardiac Awareness.

Questions? Contact Erik Gravrock at egravrock@3riversschool.net or 360-636-1600.

Parent Signature_____

Student Signature_____

Date_____



Three Rivers Christian Athletic Safety Form

When a person is involved in any athletic activity, an injury can occur. One should be aware that the information presented in these safety guidelines is to inform the athlete of proper techniques and inherent dangers involved with sports. There is a chance of broken bones, muscle and soft tissue and back injuries, which could lead to some form of paralysis. Not all potential injury possibilities are listed, but athletes should be aware that fundamental, coaching, and proper safety equipment are important to safety and enjoyment of the sport.

Please initial in the boxes of the sports your student will or might be participating in:

<p style="text-align: center;"><u>Volleyball</u></p> <ul style="list-style-type: none"> • Proper warm-up is essential before activity • Be aware of surroundings- both home and away- nets, cables, supports, etc. • Jump vertically to help avoid collisions • Spike the ball with proper technique • Notify the coach if you are injured • Practice only when coach is present • Wear kneepads as directed by coach • Be alert to dehydration symptoms • Collect and return all loose volleyballs to avoid trip and fall hazards <p style="text-align: right;">Initial: _____</p>	<p style="text-align: center;"><u>Cross Country</u></p> <ul style="list-style-type: none"> • Select weather appropriate attire • Select and change spikes or shoes for various surface changes • Stretch thoroughly and start w/easy running • Run only on course indicated by coach • Run in pairs in unfamiliar territory • Beware of objects being thrown from cars, car doors opening, and dogs • Avoid sudden stops on hard surfaces • Be alert to dehydration symptoms • Warm up/cool down is essential for running <p style="text-align: right;">Initial: _____</p>
<p style="text-align: center;"><u>Basketball</u></p> <ul style="list-style-type: none"> • Proper warm-up is essential before activity • Be alert to dehydration symptoms • Do not hang on rims and nets • Do not run under a player who is in the air • Do not engage in rough, thoughtless play • Do not swing elbows excessively when clearing a rebound • Be aware of ankle sprain rehabilitation: Rest, Ice, Compression, Elevate, Tape, Rehab • Be alert to balls in flight, loose balls, proximity of walls and bleachers when sprinting <p style="text-align: right;">Initial: _____</p>	<p style="text-align: center;"><u>Cheer</u></p> <ul style="list-style-type: none"> • Do not attempt new/complex movements until your progression has been coach approved • Stretching and proper warm up is essential • If you experience muscle fatigue or decreased alertness, do not attempt elevated, weight-bearing or somersaulting activities • Use only trained spotters • Practice shall not be conducted without your coach being present • Be alert to balls in flight, loose balls, proximity of walls and bleachers <p style="text-align: right;">Initial: _____</p>
<p style="text-align: center;"><u>Tennis</u></p> <ul style="list-style-type: none"> • Be alert to surroundings w/practice swings • Be alert to ongoing games as entering courts • Be alert to the location of nets and posts • Throwing racquets is prohibited • Doubles partners must always face the net • Players must call "ball" if loose ball rolls onto another court • Net jumping is not allowed • Be under control when playing near nets • Be aware of dehydration symptoms <p style="text-align: right;">Initial: _____</p>	<p style="text-align: center;"><u>Golf</u></p> <ul style="list-style-type: none"> • Make sure to dress in golf appropriate attire • Make sure to shout "fore" if a ball is hit in the direction of other golfers • Be courteous- do not distract golfers about to take a swing. • Pace of play- do not delay or inconvenience other golfers on the course • Always mark your ball on the green • Cell phone usage on the course is only allowed for contact to parents. <p style="text-align: right;">Initial: _____</p>

Athlete's Name (please print): _____

I am aware that sports are high-risk and that practice and competitions can be dangerous involving MANY RISKS OF INJURY. I understand the dangers and risks of practicing and competing include but are not limited to death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health, or well-being. I understand that the dangers and risks of practicing or competing in sports, may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. I also understand that the sport in which I participate may be so inherently dangerous that no amount of reasonable supervision, protective equipment or training can eliminate all aspects of danger. I am informed that Three Rivers Christian School does not assume responsibility for the medical services required for these risks.

Because of the dangers of sports, I recognize the importance of following the coaches' instructions regarding techniques, training, and other team rules, etc. and agree to obey such instructions.

In consideration of Three Rivers Christian School permitting me to try out for athletics and to engage in all activities related to the team, including but not limited to trying out, practicing, or competing in sports, I have read the above warning and I understand their terms.

Signature of Athlete: _____ Date: _____

Parent/Legal Guardian Name (please print): _____

As the parent/legal guardian of the above named student in consideration of Three Rivers Christian School, I give permission for my child/student to try out for any athletic team and to engage in all activities related to the team, including, but not limited to, trying out, practicing, and competing. I have read the above warning and understand their terms.

Signature of Parent/Guardian: _____ Date: _____



Three Rivers Christian School
Athletic and Medical Emergency Authorization

Student Name: _____ Date of Birth: _____ Grade: _____

Address: _____ Home Phone: _____

Parent/Guardian Name: _____ Work Phone: _____
Cell Phone: _____

Health insurance is required by the WIAA for participation in athletics.

Health Insurance Company: _____ Policy #: _____
Name of Physician: _____ Phone: _____

In case of emergency and parent/guardian cannot be reached, contact:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Medical Information:

Allergies: _____	Have you experienced seizures? _____
Ailments/General Conditions: _____	_____
Current Medications: _____	Activity Limitations/Restrictions _____
Past Operations: _____	_____
Do you have diabetes: _____	Other: _____
Do you have hearing loss: _____	_____

AUTHORIZATION FOR MEDICAL TREATMENT: In case of illness, accident, or other emergency involving the above-named student, the principal, AD, or coach is authorized to act on my behalf when efforts to contact me are unsuccessful. As a parent or legal guardian, I authorize a qualified physician to examine the above-named student in the event of injury. I also give permission to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, if deemed necessary, to insure proper care of any injury. Every effort will be made to contact a parent or guardian to explain the nature of the problem prior to any involved treatment. I have also read the Athletic Code of Conduct; I give my consent for the above named student to engage in school and WIAA approved athletic activities as a representative of his/her school.

Parent/Guardian Signature: _____ **Date:** _____

STUDENT STATEMENT: I have read the Code of Conduct and the TRCS Athletic Handbook and agree to follow the guidelines set forth. The signature of both the student and parent/guardian on this form signify understanding and acceptance of the rules explained in the Athletic Handbook, including safety precautions, considerations, and responsibilities required for participation on a sports team, as well as an understanding of the possible risks and dangers involved in such participation.

Student signature: _____ **Date:** _____

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, non-binary, or another gender): _____

Have you had COVID-19? (check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (check one): ☐ Y ☐ N If yes, have you had: ☐ One shot ☐ Two shots

☐ Three shots ☐ Booster date(s) _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No	
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose <input type="checkbox"/> Third dose <input type="checkbox"/> Booster date(s) _____		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

Three Rivers Christian School

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 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 your self, seek medical attention right away.

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

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays lack of coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Three Rivers Christian School

Concussion Information Sheet

Athletes with the signs and symptoms of concussions 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 "Zachary 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 is 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

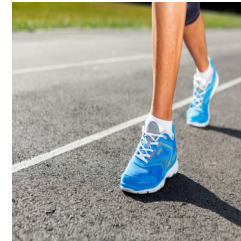
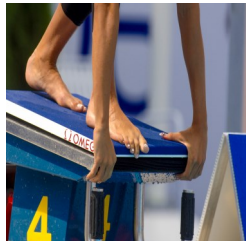
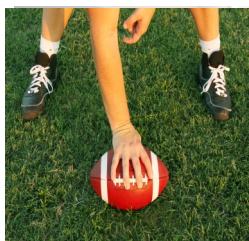


Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!



Cardiac 3-Minute Drill

1. RECOGNIZE

Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!
Every Second
Counts!**



Athletic Transportation Permission Slip

My STUDENT ATHLETE _____ has permission to travel with the athletic team in which he/she is participating. This includes all games and practices that require my student athlete to be transported.

My Student Athlete participates in: ☐ Volleyball ☐ Cross Country ☐ Basketball ☐ Cheer ☐ Golf ☐ Tennis

Consent to Use Private Transportation When School Transportation IS NOT Provided

I/WE, the parent(s) of _____, realizing school transportation is not provided, expressly request my/our student athlete be permitted to travel in a private automobile for the purpose of attending a school sanctioned athletic event on _____ (date) between the hours of _____ am/pm, and _____ am/pm.

Private Vehicle Owner: _____

Private Vehicle Driver: _____

Private Vehicle: Year _____ Make _____ Model _____

Seatbelts available for _____ passengers (including driver)

The vehicle operator is fully authorized to operate a vehicle with passengers in the State of Washington. A copy of the driver's license and full coverage insurance are on file in the school office. As the vehicle's insurance follows the vehicle, the vehicle owner's insurance, not TRCS's insurance, will be primary in the event of any incident or accident.

Liability Release

Every activity sponsored by Three Rivers Christian School is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, unforeseen events can occur. By signing this form, I as the parent or guardian, agree to assume and accept all risks and hazards inherent in these school related activities including transporting in a private vehicle to and from the event. I also agree not to hold Three Rivers Christian School, its employees, or its volunteers liable for any damages, losses, or injuries to the person or property undersigned. As the parent/guardian I understand and agree with all these conditions and also understand I am signing for the minor on this form.

Signed: _____
Parent or Guardian

Emergency Contact(s): _____
Name / Phone / Text

Middle/ High School Campus 257 Alpha Drive Longview, WA 98632