

**OFFICE USE ONLY**

Letter \_\_\_\_\_

Physical \_\_\_\_\_

Contract \_\_\_\_\_

Insurance \_\_\_\_\_

**SOUTH TAHOE MIDDLE  
SCHOOL  
STUDENT/ATHLETE  
Registration Form**



**SECTION 1**

**Please PRINT neatly in ink!**  
All sections must be completed in their entirety!

**Student's Name:** \_\_\_\_\_

Male  Female **Grade:**  6th  7th  8th **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Lives with:**  Both parents  Father only  Mother only

Other (please list): \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Parent/Guardian's Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Health Insurance Information**

**Health Insurance Company:** \_\_\_\_\_

**Insurance Company Address:** \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Emergency Information**

	Home Phone	Business Phone	Cell Phone
<b>Father</b>	_____	_____	_____
<b>Mother</b>	_____	_____	_____
<b>Emergency Contact Person(s):</b>	_____		
<b>Physician Preference:</b>	_____		
<b>Address:</b>	_____		
<b>Hospital Preference:</b>	_____		

**Permission to Treat**

In the event that \_\_\_\_\_ (student name) should need emergency medical treatment or attention while participating in a Lake Tahoe Unified School District field trip, the authorized personnel may secure the required treatment. The parent/guardians of the student are solely responsible for all expenses incurred and related to the medical treatment and agree to hold Lake Tahoe Unified School District, et. al., free and harmless from all expenses related to the medical treatment.

**Emergency Transportation Approval**

I/we certify, as parents/guardians of \_\_\_\_\_ (student name) that we give full permission to Lake Tahoe Unified School District coaches, trainers, or administrators, at practice or at actual athletic events, in or out of town, to call an ambulance service or otherwise provide emergency transportation to a hospital for medical treatment. I/we understand that every effort will be made to contact the parents/guardians immediately, and if Lake Tahoe Unified School District authorized personnel cannot contact the parent/guardian immediately and medical treatment is required immediately, it will be secured and I/we will hold Lake Tahoe Unified School District, et. al.; harmless from any and all claims associated with emergency transportation.

**CHECK SPORTS INTERESTED IN PARTICIPATING IN:**

6<sup>TH</sup> GRADE  CROSS COUNTRY  WRESTLING  TRACK  VOLLEYBALL

7<sup>TH</sup> GRADE  X/C  BASKETBALL  TRACK

8<sup>TH</sup> GRADE  X/C  WRESTLING  TRACK  VOLLEYBALL

NORDIC SKI  WRESTLING  TRACK

PLEASE PRINT

PLEASE PRINT

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

DATE \_\_\_\_\_

**PHYSICAL EXAMINATION RECORD**

NAME \_\_\_\_\_ AGE \_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_

Height \_\_\_\_\_ Vision: R \_\_\_\_\_ / \_\_\_\_\_, corrected \_\_\_\_\_, uncorrected \_\_\_\_\_

Weight \_\_\_\_\_ L \_\_\_\_\_ / \_\_\_\_\_, corrected \_\_\_\_\_, uncorrected \_\_\_\_\_

Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Percent Body Fat (optional) \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	DR. INITIALS		
EYES					
EARS, NOSE, THROAT					
MOUTH, TEETH					
NECK					
CARDIOVASCULAR					
CHEST & LUNGS					
ABDOMEN					
SKIN					
GENITALIA (hernia: male)					
MUSCULOSKELETAL: ROM, strength, etc					
• Neck					
• Spine					
• Shoulders					
• Arms/hands					
• Hips					
• Thighs					
• Knees					
• Ankles					
• Feet					
NEUROMUSCULAR					
PHYSICAL MATURITY (Tanner stage)	1	2	3	4	5

Comments re Abnormal Findings \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PARTICIPATION RECOMMENDATIONS:**

No Participation in \_\_\_\_\_

Limited Participation in \_\_\_\_\_

Requires \_\_\_\_\_

Full Participation \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_ Address \_\_\_\_\_



# SOUTH TAHOE MIDDLE SCHOOL

*The choices I make today shape who I will become tomorrow. Middle School Matters!*

**Beth Aiton**  
Athletic Director

## South Tahoe Middle School Athletic Department Guidelines for Parent and Student-Athlete Participation

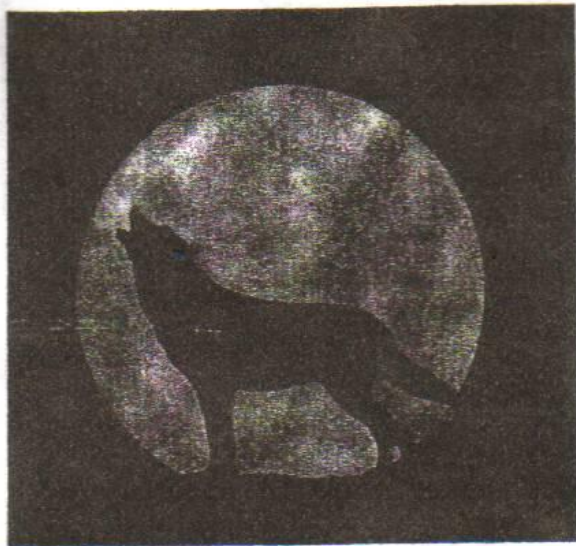
A good sport, whether a student or a parent, is a true leader within the school and the community. As a parent of a student, your sportsmanship goals should include:

- ❖ Realizing that athletics are part of the educational experience, and the benefits of involvement go beyond the final score of a game;
- ❖ Encouraging our students to perform their best, just as we would urge them on with their class-work, know that others will always turn in better or lesser performances;
- ❖ Participating in positive cheers that encourage our athletes; and discouraging any cheer that would redirect that focus;
- ❖ Learning, understanding, and respecting the rules of the game, the officials who administer them and their decisions;
- ❖ Respecting the task our coaches face as teachers; and supporting them as they strive to educate our youth;
- ❖ Respecting our opponents as students, and acknowledging them for striving to do their best;
- ❖ Developing a sense of dignity under all circumstances; and
- ❖ We understand that it is a privilege to wear the blue and gold of South Tahoe Middle School. We understand the sacrifices made to be part of this tradition. Therefore, we will have NO part in any incidents of hazing, initiation, harassment, disorderly conduct toward, intimidation or bullying of, or discriminating against any other student, parent, or coach from South Tahoe Middle School, or any of our opponents.
- ❖ **Be a fan...not a fanatic!**

I, \_\_\_\_\_ the parent and  
I, \_\_\_\_\_ the student-athlete,  
(Please Print)

have read and understand the "guidelines for parent and student-athlete participation" in athletics at South Tahoe Middle School. I understand that failure on any of our parts to comply with any of these guidelines may result in the dismissal of the student-athlete from his/her team and/or parent removal from game.

Parent \_\_\_\_\_  
Student-athlete \_\_\_\_\_ Date \_\_\_\_\_ (Please Sign)



**South Tahoe Middle School Athlet**

I have received a copy of the parent handbook and  
by all the rules stated within.

Parent

Signature \_\_\_\_\_

Athlete

Signature \_\_\_\_\_

Date \_\_\_\_\_