



# **TACOMA BAPTIST SCHOOLS**

## **ATHLETICS**

2052 S. 64<sup>th</sup> Street; Tacoma, WA 98409-6899  
Phone: (253) 475-7226, 117 / Fax: (253) 475-0835  
[www.southsoundchristian.org](http://www.southsoundchristian.org)

### **INTERSCHOLASTIC SPORTS PARTICIPATION REQUIREMENTS**

**THE FOLLOWING STEPS MUST BE TAKEN IN ORDER FOR A STUDENT TO RECEIVE CLEARANCE TO PARTICIPATE IN AN OFFICIAL PRACTICE OR GAME AT TACOMA BAPTIST SCHOOL. \***

**1. MEDICAL EXAMINATION by a certified physician.**

- Every athlete **MUST** complete a Medical Examination **BEFORE** they may begin to practice. These exams are good for two school years. Forms for this examination may be picked up from the school office and taken to your medical practitioner for your appointment.
- **Bring the completed exam form to the Athletic Office.**

**2. ATHLETIC PARTICIPATION FORM completed/signed by parent and athlete.**

- Participation forms contain general information regarding our athletic and academic requirements, and will contain emergency information provided by the parent that the coach will have in his/her possession at all times. This form may be picked up in the school office or downloaded at our website: [www.southsoundchristian.org](http://www.southsoundchristian.org)
- **Bring the completed participation card to the Athletic Director's office.**

**3. \$220.00 SPORTS REGISTRATION FEE/ Middle School Registration Fee = \$140.00**

- Registration fees are collected to help offset the cost of the athletic program. These fees will be billed to your school account after the season has begun. Note: If a student-athlete participates in a contest these fees will not be refunded.

**4. ACADEMIC ELIGIBILITY**

- Each student **MUST** currently possess a minimum 2.0 GPA with no "F's" in order to start or continue athletic participation. These minimum standards are set down by the WIAA and TBS. The student-athlete's grades will be checked on a three week basis. If a student fails to meet these requirements, they will be ineligible for a period of one week. At the end of this week, the student's GPA will be reevaluated. This process will continue weekly until the next three week grading period. If the student-athlete does not meet the minimum academic standard at this time, the student-athlete will be ineligible for the remainder of the athletic season (including post season).

**5. TRANSFER ELIGIBILITY**

- Student-athletes who are transferring to TBS from another high school must complete required paperwork and be approved by the WIAA before participating in practice. A meeting with the Athletic Director is required of ALL transferring student athletes and should be made immediately upon acceptance to TBS. At that time, required forms will be issued.

\* *If you played a fall sport, you do not need to turn in the above mentioned paperwork (1, 2, 5) a second time.*

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**Mark Smith, Athletic Director**

**Julie Atwood, AD Secretary**  
(253) 475-7226, Ext. 117 [julie.atwood@southsoundchristian.org](mailto:julie.atwood@southsoundchristian.org)

## ATHLETIC ELIGIBILITY / EMERGENCY CONSENT

(Both sides of this form must be completed annually prior to student's participation in TBS Athletics)

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**Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Middle Nickname

**Address:** \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

SSN: \_\_\_\_\_ Gender:  Female  Male

Parent/Guardian: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact	Phone #	Emergency Contact	Phone #

List medications your child is currently taking: \_\_\_\_\_

List all your child's allergies: \_\_\_\_\_

Previous major injuries: \_\_\_\_\_

Hospitalization/surgeries history: \_\_\_\_\_

**Medical Insurance:** All students attending Tacoma Baptist Schools are required to have medical insurance coverage. TBS does not assume responsibility for such coverage. Please provide the insurance company and policy number below. (Contact school personnel to obtain information about purchasing individual student insurance coverage.)

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Medical Contacts:	Address:	Phone Number(s):
Preferred Hospital:		
Family Doctor:		
Dentist:		

### STUDENT AGREEMENT:

I, \_\_\_\_\_ understand that I am responsible to adhere to TBS and WIAA rules, standards, and policies while participating in athletic activities at TBS. I am responsible to ensure that the Athletic Department has confirmed my academic eligibility to participate and that they have a current (updated annually) Physical Examination form on file.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

**ATHLETIC ELIGIBILITY / EMERGENCY CONSENT**

**PARENT AGREEMENTS AND AUTHORIZATIONS:**

Initial: \_\_\_\_\_ I give permission for my child, \_\_\_\_\_, to participate in the TBS athletic and activities program. I understand that they are assuming a responsibility to adhere to TBS and WIAA rules, standards, and policies while participating in athletic activities at TBS and that they are responsible to ensure that the Athletic Department has confirmed academic eligibility and that they have a current (updated annually) Physical Examination form on file.

Initial: \_\_\_\_\_ I give consent for school or emergency services personnel to apply first aid, secure other medical aid, or ambulance service. I understand that I am liable for all costs associated with medical attention provided to my child. I understand that if my child has been seen by a licensed medical practitioner, they must provide a written release form from a licensed practitioner before they can resume practice or participation in athletic activities.

Initial: \_\_\_\_\_ I give permission for my child to use school-provided transportation to and from athletic events. I understand that the school assumes no liability beyond that of reasonable caution and care in conducting the trips. I understand that my child is responsible to attend all scheduled games and practices unless excused by coaching staff.

The following individuals have permission to provide transportation to and from practice for my child:

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

I will also allow my child to be transported to and from practices by coaching staff. \_\_\_ Y \_\_\_ N

Initial: \_\_\_\_\_ I understand that Tacoma Baptist Schools, school personnel, and the drivers listed above assume no liability beyond that of reasonable caution and care in conducting transportation to and from practices.

My signature below indicates that I understand the risks inherent in student participation in athletic and other school activities and that I agree that my child must comply with TBS and WIAA policies and guidelines.

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

Parent/Guardian Printed Name: \_\_\_\_\_

**WIAA PHYSICAL EXAMINATION / AUTHORIZATION TO PARTICIPATE**

(Must be provided annually prior to student's participation in TBS Athletics)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Middle Nickname

Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

Gender:  Female  Male

The above named student was examined based on the WIAA standards for physical examinations. I certify that he/she is physically fit to participate in the following supervised interscholastic activities/sports for twelve (12) months beginning from the date of examination.

- Baseball
- Basketball
- Cheerleading
- Football
- Soccer
- Softball
- Track
- Volleyball
- Wrestling
- Other \_\_\_\_\_

**RECOMMENDATION:**

No contraindication to full participation

May participate with the following limitations:  
 \_\_\_\_\_  
 \_\_\_\_\_

Participation contraindicated for the following reasons: \_\_\_\_\_  
 \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Signature of Examining Physician)

**Wrestling Only Complete Below:**

**MINIMUM WEIGHT ALLOWANCE FOR WRESTLING**

I recommend that the above named student should not be allowed to wrestle at any weight less than the classification circled below for the 20\_\_ - 20\_\_ season:

**High School:**

103   112   119   125   130   135   140   145   152   160   171   175   189   215

**Middle School:**

78   85   90   100   105   110   115   120   125   137   145   154   164   175

or Unlimited

Date of Examination: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Signature of Examining Physician)

Parent Acknowledgment: \_\_\_\_\_  
(Parent/Guardian Signature)