



Vail High School and Middle School Athletics Forms Checklist

Dear Parents and Student-Athletes:

Welcome to Vail Academy and High School Athletics. Please complete all forms in packet and return to the front office, along with the required activity fees. All forms included must be turned in prior to the first practice and money is due prior to the first game/event.

CHECKLIST:

- Sign up for each sport during the informational meeting prior to the sport's season.
- Physician completes current sport's physicals prior to the first practice. Physicals must be current within 1 year of participation. (Must use the form attached for physicians signature.) *Attached is a list of sports physical locations*
- Parents complete Pre-Physical form, Emergency Information Form, Parent Consent, and Transportation form. (Also require a student signature)
- High School Athletic Fees are \$90.00 per sport per season.** (Please make check payable to VAHS.) Fees are due prior to the first game of each sport season and fees will not be refunded once games start.
- Middle School Athletic Fees are \$75.00 per sport season.** (Please make check payable to VAHS). Fees are due prior to the first game of each sport season and fees will not be refunded once games start. *For Middle School Athletics only: there is a \$200 cap per student for the year and a family cap of \$400 if siblings are playing multiple sports.*
- In order to participate students are expected to maintain a 2.0 GPA and no F's in any class. **Grade checks will occur every week and students will be eligible/ineligible for the entire week.** Parents will be notified by email if student is ineligible to participate.
- Athletic Equipment:** appropriate shoes, protective equipment, clothes, water bottle, etc., for chosen sport. (Coaches will discuss in more detail at first meeting.)

We look forward to having a great sports year at VAHS! Any questions should be directed to the Assistant Principal, Mario Balderrama, at (520) 879-1912 or balderramam@vailschooldistrict.org

VAIL Academy & HIGH SCHOOL

Vail School District #20

Student name: _____ Student #: _____ Grade: _____

Mailing address: _____ Phone # _____

_____ Emergency # _____

Parent Email Address: _____

Student Email Address: _____

PARENT OR LEGAL GUARDIAN CONSENT RULE - Parental or legal guardian consent is required before a student can be eligible to practice or compete in interscholastic competition. All students shall have on file with the school permission in which the parent or legal guardian authorized participation.

It is recommended that such authorization state:

I/We give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.

I/We acknowledge that I/we have read and understand this warning.

Parent/Guardian

Date

Student-Athlete

Date

Vail Academy and High School Athletic Transportation Guidelines

In order to provide your child with safe and supervised transportation to and from sporting events the district will provide supervised bus transportation to and from all games/matches.

All students are required to travel with their team to an event, however in order for a parent/guardian or approved other to be able to provide transportation home for your son/daughter from an away event please complete the form below.

I/we _____ and _____,
(Please Print) (Please Print)

Parents or legal guardians of _____, wish to provide
transportation (Please Print)

for our son/daughter to all or some of the away _____ games for the
current school year. (Sport)

If you would like someone other than yourself to transport your child home you must indicate below that persons name, contact information, and relation. No one other than those indicated on the list will be able to transport your child home from sporting events.

The following drivers may transport my child home from sporting events:

_____	_____	_____
(Name)	(Number)	(Relation)
_____	_____	_____
(Name)	(Number)	(Relation)
_____	_____	_____
(Name)	(Number)	(Relation)
_____	_____	_____
(Name)	(Number)	(Relation)

I/We understand that we are waiving any claims I/We may have against Vail Unified School District, and are relieving the District of any liability with regard to the safe transport of my/our son/daughter.

My/our vehicle is insured with a minimum of \$15,000/30,000 liability, and 15,000/30,000 uninsured motorist insurance coverage.

I/We also understand the violation of these Transportation Regulations and Guidelines will result in my/our son/daughter being barred from participation in the next contest.

I ACKNOWLEDGE AND AGREE WITH THESE TRANSPORTATION GUIDELINES AND AGREE TO COMMUNICATE WITH MY CHILD'S COACH BEFORE I TAKE MY CHILD HOME.

(Parent signature)

(Date)

Vail Academy and High School

Student-Athlete Code of Conduct

The privilege of participation in the VAHS athletic program is for students provided they are willing to accept the responsibilities required of a student-athlete. The Code of Conduct responsibilities are as follows:

1. **Social Behavior:** A student-athlete will (a) display outstanding sportsmanship, both on and off the court/field, (b) demonstrate respect for those in authority (coaches and officials), as well as opponents, (c) use socially acceptable language at all times, (d) display a real spirit of cooperation. Failure to adhere to these social behaviors will result in a parent-athlete-coach conference to determine further action.

2. **Eligibility:** In order to represent VAHS in any interscholastic competition, a student must meet all requirements:

A) Academically each student-athlete must maintain a minimum "C" grade point average (2.0) and at no time earn an "F" on an eligibility notice.

B) Maintain a "Satisfactory" or "Excellent" rating on the citizenship rubric.

C) Have no more than two (2) referrals and/or one (1) suspension during each sport season.

D) Student-athletes must have a current physical form on file with the front office before participating in any sport including practices.

E) Pay a non-refundable activity fee per student per sport, Middle School fee is \$75.00 per sport or a \$200.00 maximum per student per year, or \$400.00 per family involved in VAHS sports per year. High School fees are \$90 per sport. All fees must be paid before a student can participate in any athletic competition.

Students' eligibility to participate, using the criteria listed above, is determined each week during the season for middle school and on a 3-week basis for high school. **Students who are declared ineligible are not able to participate or dress for games. They are also not allowed to sit with the team during a game and remain ineligible for an entire week until eligibility is checked again the following week.** They are, however, permitted and expected to participate in practices. In addition, students who are suspended from school may not participate in nor attend a game or practice. Students who are absent from more than half of the school day may not participate in a game nor practice on the day of an absence. Student who are declared ineligible three times during a given season are dismissed from the team. Students who are ineligible at the start of the intercession will

remain ineligible for the remainder of the season if the season ends during the intercession break.

3. Attendance: The best performance an individual is capable of producing comes only when the individual is willing to sacrifice his/her time and effort towards a conditioned training program. The student-athlete is, therefore, required to attend all practices. If a student-athlete is unable to attend practice, written notice must be give to the coach prior to practice. Failure to give written notice will be considered an unexcused absence: Three unexcused absences will result in the student-athlete being released from the team. **EXCEPTION: ABSENT FROM SCHOOL THAT DAY**

4. Uniform care: Uniforms are provided at no cost to the student-athletes. It is each individual's responsibility to care for the uniform. Cost for the replacement to damaged or lost uniforms will be the responsibility of the student-athlete and parents and price will be dependant on each sport. Students are expected to return uniforms in good condition at the end of the sport season.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE FOLLOWING EXPECTATIONS OF THE STUDENT-ATHLETE CODE OF CONDUCT. I ALSO ACKNOWLEDGE THAT IF I FAIL TO FOLLOW THE STUDENT-ATHLETE CODE OF CONDUCT I MAY BE DISMISSED FROM THE TEAM.

(PLEASE PRINT STUDENT NAME)

(STUDENT SIGNATURE)

(PARENT SIGNATURE)

VAIL ACADEMY & HIGH SCHOOL
Athletics/Activities
EMERGENCY INFORMATION CARD

Student's Name _____ Male/Female _____

School I.D. Number _____ Age _____ Birthdate _____

Student lives with _____

Students Home Address: _____
Address _____ City _____ Zip _____

Parent/Guardian's Name _____

Work Phone _____ Cell Phone _____

Father's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Other Individual to notify if necessary: _____ Phone _____

Preferred Hospital _____

Family Physician _____ Phone _____

Are there any medical conditions that the Athletic Trainer, Team Physician, EMT, Coach or other professional personnel should know about prior to participation, and/or medical treatment? (ie. Asthma, Diabetes, etc.)

Is the student is under medical treatment? _____ If yes, please explain why and list the doctor's name and phone number: _____

The Team Physician, Athletic Trainer, Coach, EMT, paramedic may apply emergency treatment until a family doctor can be contacted.

We give our consent for school officials, medical staff, or coaches to use their judgment in securing aid, transportation, and ambulance service in case the parents cannot be reached.

Parent or Guardian Signature _____ Date _____



2017-2018 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Parent or Guardian should fill out this form with assistance from the student athlete.)

Exam Date: _____

Name: _____
Sex: _____
Age: _____
Date of Birth: _____
Grade: _____
School: _____
Sport(s): _____
Address: _____
Phone: _____
Personal Physician: _____
Hospital Preference: _____

In case of emergency, contact:
Name: _____
Relationship: _____
Phone (Home): _____
(Work): _____
(Cell): _____

Name: _____
Relationship: _____
Phone (Home): _____
(Work): _____
(Cell): _____

Explain "Yes" answers on following page.
Circle questions you don't know the answers to.

- | | Y | N |
|--|--------------------------|--------------------------|
| 1) Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements?
(Please specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Do you have allergies to medicines, pollens, foods, or stinging insects?
(Please specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Has a doctor ever told you that you have (check all that apply):
High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Have you ever spent the night in the hospital? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| * 9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, circle affected area in the box below): | <input type="checkbox"/> | <input type="checkbox"/> |
| * 10) Have you had any broken/fractured bones or dislocated joints?
(If yes, circle affected area in the box below): | <input type="checkbox"/> | <input type="checkbox"/> |
| * 11) Have you had a bone/joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? (If yes, circle affected area in the box below): | <input type="checkbox"/> | <input type="checkbox"/> |

Head <input type="checkbox"/>	Neck <input type="checkbox"/>	Shoulder <input type="checkbox"/>	Upper Arm <input type="checkbox"/>	Elbow <input type="checkbox"/>	Forearm <input type="checkbox"/>
Hand/Fingers <input type="checkbox"/>	Chest <input type="checkbox"/>	Upper Back <input type="checkbox"/>	Low Back <input type="checkbox"/>	Hip <input type="checkbox"/>	Thigh <input type="checkbox"/>
	Knee <input type="checkbox"/>	Calf/Shin <input type="checkbox"/>	Ankle <input type="checkbox"/>	Foot/Toes <input type="checkbox"/>	

	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>
14) Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
15) Has a doctor told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
16) Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17) Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
18) Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
20) Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
21) Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
22) Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?	<input type="checkbox"/>	<input type="checkbox"/>
24) Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
25) Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
26) Have you ever had numbness, tingling, or weakness in your arms or legs after being hit, falling, stingers or burners?	<input type="checkbox"/>	<input type="checkbox"/>
27) When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
28) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
29) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
30) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
32) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
35) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
36) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
37) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

Females Only

Explain "Yes" Answers Here

	Y	N
38) Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
39) How old were you when you had your first menstrual period?		
40) How many periods have you had in the last year?		

2017-2018 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Physician should fill out this form with assistance from the Parent or Guardian.)

Student Name: _____

Date of Birth: _____

Patient History Questions: Please tell me about your child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has your child ever had extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child ever been diagnosed with an unexplained seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	<input type="checkbox"/>	<input type="checkbox"/>

Family History Questions: Please tell me about any of the following in your family...

	Y	N
8) Are there any family members who had sudden, unexpected, unexplained death before age 50? (including SIDS, car accidents, drowning, or near drowning)	<input type="checkbox"/>	<input type="checkbox"/>
9) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
10) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>
11) Are there any relatives with certain conditions, such as:	<input type="checkbox"/>	<input type="checkbox"/>
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm problems:	<input type="checkbox"/>	<input type="checkbox"/>
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack, age 50 or younger	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Deaf at Birth (Congenital Deafness)	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of athlete _____

Signature of parent/guardian _____

Date _____

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP _____

Date: _____



2017-2018 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: _____ Date of Birth: _____
 Age: _____ Sex: _____
 Height: _____ Weight: _____
 % Body fat (optional): _____ Pulse: _____
 BP: ____/____ (____/____, ____/____)
 Vision: R20/____ L20/____ Corrected: Y N
 Pupils: Equal ____ Unequal ____

	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Eyes/Ears/ Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* Multi-examiner set-up only.

† Having a third party present is recommended for the genitourinary examination.

NOTES: _____

Cleared Without Restriction

Not Cleared For: All Sports Certain Sports

Reason: _____

Recommendations: _____

Name of Physician(Print/Type): _____ Exam Date: _____

Address: _____ Phone: _____

Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP

Sports Physical Locations

<p>UCHC Wellness Center 879-3527 - Corona Foothills Middle School 16705 S. Houghton Rd</p> <p>12:30 pm - 3:30 pm Thursday Call for appointment - 407-5900 \$25.00 - please include consent note</p>	<p>Take Care Clinic - Walgreens Pharmacy 290-0958 6767 E. Broadway</p> <p>8 am - 7:30 pm Monday thru Friday 9:30 am - 5:00 pm Saturday & Sunday</p> <p>Cost: \$39.00 Seasonal special - no checks</p>
<p>Urgent Care Associates 382-8000 9348 E. Rita Road</p> <p>12 pm - 8 pm Monday thru Friday 10 am - 4 pm Saturday Cost: \$40.00 (2 or more \$30 each)</p>	<p>Take Care Clinic - Walgreens Pharmacy 886-2108 10315 E. Broadway</p> <p>8 am - 7:30 pm Mon, Wed & Friday 9:30 am - 5:00 pm Saturday & Sunday 8 am - 5:30 pm Tuesday & Thursday Cost: \$39.00 Seasonal special - no checks</p>
<p>NextCare Clinic 1-888-381-4858 9525 E. Old Spanish Trail</p> <p>8 am - Midnight 7 days a week Cost: \$25.00</p>	<p>Take Care Clinic - Walgreens Pharmacy 745-2277 3910 E. 22nd Street</p> <p>8 am - 7:30 pm Monday thru Friday 9:30 am - 5:00 pm Saturday & Sunday Cost: \$39.00 Seasonal special - no checks</p>
<p>NextCare Clinic 1-888-381-4858 5369 S. Calle Santa Cruz, Suite 145</p> <p>8 am - Midnight 7 days a week Cost: \$25.00</p>	<p>Concentra 881-0050 7119 E. Broadway</p> <p>8 am - 8 pm Monday thru Friday 8 am - 5 pm Saturday 10 a m - 5 pm Sunday</p>
<p>Minute Clinic - CVS Pharmacy 1-866-389-2727 2601 S. Houghton</p> <p>8 am - 7 pm Monday thru Friday 9 am- 5:30 pm Saturday 10 am - 5:30 pm Sunday Cost: \$49.00 Seasonal</p>	

Vail School District

Arizona Tax Credit Form

Mail or deliver this form with your check to the Vail School District or school of your choice. A list of schools is available at www.vailtaxcredits.org Please check with your tax advisor to see if you are eligible for the school tax credit.

Name _____

Address _____

City, State, Zip Code _____

Phone _____ Email Address (Optional) _____

Amount \$ _____ Check # (If applicable) _____ Date _____

Tax credits can be made in any amount, from \$1 up to your tax limit of \$400 (married, filing jointly) or \$200 (single).

School to Receive Tax Credit (Required) _____

Student name (If applicable) _____

Please use my 2017 tax credit for:

- _____ The activity most in need of funding
- _____ Tutoring
- _____ Sports Programs
- _____ Fine Arts Programs
- _____ Other (Please specify: _____)

To pay online or complete a fillable form visit www.vailtaxcredits.org

For further information, please contact Melissa Scarbrough at (520) 879-2014 or scarbroughm@vailschooldistrict.org

Tax Credit

Re-Claim Your Tax Dollars!

It's Important. This is your chance to have a say where your Arizona State income tax dollars go. Arizona will allow you to send the Vail School District a tax credit and you may be able to subtract the total from your State income tax.

It's Easy. Just fill out the form, directing your tax credit of *up to* \$400 (married, filing jointly) or \$200 (single) to the school and activity of your choice. You can fill out the form online or print it out and mail it in.

You Benefit. Vail School District residents gain a stronger school district through tax credits. Every Arizona resident may participate regardless of whether or not they live in the district...so tell your friends and family, neighbors, and co-workers. If you have any questions, or would like more information, please contact Melissa Scarbrough at 879-2014.

Please make the check payable to Vail School District

Mail address. Vail School District, PO BOX 800, Vail, ARIZONA 85641

**Good for Taxpayers
Good for Students
Good for Communities**



Arizona Interscholastic Association, Inc.

Mild Traumatic Brain Injury (MTBI) / Concussion

Annual Statement and Acknowledgement Form

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

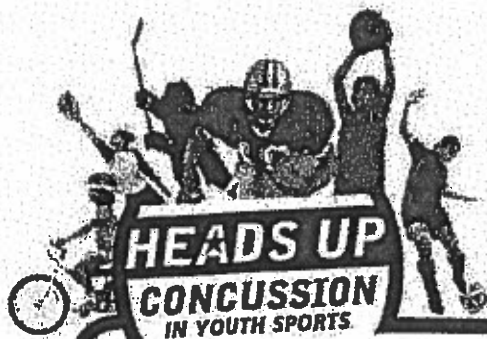
Print Name: _____ Signature: _____

Date: _____

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: _____ Signature: _____

Date: _____



A Fact Sheet for **ATHLETES**

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

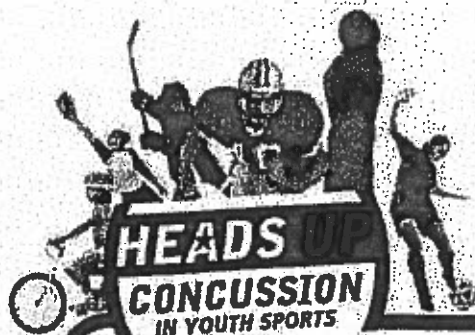
- **Get a medical check up.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
 - > The right equipment for the game, position, or activity
 - > Worn correctly and fit well
 - > Used every time you play

It's better to miss one game than the whole season.



A 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 concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

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

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an 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, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

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 concussion.

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

WHAT SHOULD YOU 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 play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who 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 recent concussion.** 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.