ATHLETIC CONTRACT

Welcome

The athletic coaches would like to welcome students to the middle school athletic program! It is our goal to develop athletes who demonstrate teamwork, positive work ethic, sportsmanship, fair play, and maintain passing grades. **We expect all of our athletes to put in maximum effort on and off the field.**

Being an athlete is a privilege. You will be expected to act as a leader of our schools. Acts of dishonesty, unsportsmanlike conduct, use of controlled substances, or behavior that is unbecoming of a student athlete on and off the field or court is not acceptable.

EXPECTATIONS:

1) **Physicals:** MUST be completed prior to tryouts. A student may not practice or play until a completed physical form is on file with the school.
2) **Grade check:** Must be completed and brought to tryouts. Any student with a failing grade will be benched from games for the following week. Grades will be monitored weekly until the grade is brought up to passing. Students will be expected to attend tutoring or homework club after school, before coming to practice.
3) **Behavior:** Referrals or suspensions for behavior during the season may result in ineligibility to practice and/or play.
4) **Absences:** Athletes must attend every game and practice or provide a parent letter as to the reason for the absence. If an athlete is absent from school, they are not allowed to attend games or practices on that day.
5) **Practices:** Athletes are expected to attend all practices with proper attire (shoes/clothes/etc.), a positive attitude, and a willingness to work hard.
6) **Equipment and Uniforms:** Players are responsible for all equipment and uniforms. Any uniform and equipment borrowed that are not returned, or are damaged at the end of the season will result in a replacement fee.
7) **Game Days:** Athletes are expected to wear their uniform jersey/shirt.
8) **Parent Involvement:** We love for our parents to watch, cheer, and support the efforts of all players. Keep all comments positive and encouraging. Negative comments about any player, coach, official, or fan will not be tolerated, and could result in removal from athletic events.
9) **Punctuality:** If you are unable to transport your child on time, please make other arrangements for your child's transportation for the benefit of the team. Please pick up your athlete within 10 minutes at the conclusion of the athletic practice or game. Coaches are never allowed to transport students in their personal vehicles at any time or for any reason.

Each sport is unique, and therefore, coaches are able to add additional expectations and details that the athlete is responsible to follow; (practice times/game days/etc.). The coaches reserve the right to bench a player or remove them from the team if expectations are not met.

Student Signature: _____

Parent Signature: _____

Coach Signature: _____

Sport: _____

K-12 Student Accident Insurance

Enroll Online

www.studentinsurance-kk.com

Worried about paying for your child's medical care if an accident should happen? K&K's student accident insurance can help. If you don't have health care coverage, student accident insurance is vital. If you are covered by a health care plan, student accident insurance can fill the gap by paying deductibles and copays that may cause financial harm to your family.

K-12 Accident Plans available through your school:

- *At-School Accident Only*
- *24-Hour Accident Only*
- *Extended Dental*
- *Football*

How to Enroll Online

Enrolling online is easy and should take only a few minutes. Go to **www.studentinsurance-kk.com** and click the **"Enroll Now"** button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to www.studentinsurance-kk.com. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

¿Le preocupa tener que pagar la atención médica de su hijo si ocurre un accidente? El seguro contra accidentes para estudiantes de K&K puede ayudarlo. Si no tiene cobertura de seguro de salud, un seguro contra accidentes para estudiantes es fundamental. Si cuenta con la cobertura de un plan de atención de la salud, un seguro contra accidentes para estudiantes puede cubrir la brecha y pagar los deducibles y los copagos que podrían generar un perjuicio económico para su familia.

Planes de cobertura en caso de accidente para K-12 disponibles a través de su escuela:

- *Sólo accidentes en la escuela*
- *Sólo accidentes, 24 horas*
- *Dental extendido*
- *Fútbol*

Cómo inscribirse en línea

Inscribirse en línea es fácil y sólo le tomará unos pocos minutos. Visite **www.studentinsurance-kk.com** y haga clic en el botón **"Enroll Now"** ("Inscribirse ahora").

1. Comience por decirnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles sobre la cobertura, incluidos costos, beneficios, exclusiones y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte www.studentinsurance-kk.com. Los estudiantes pueden comprar la cobertura únicamente si

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Enroll Online

www.studentinsurance-kk.com

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4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles sobre la cobertura, incluidos costos, beneficios, exclusiones y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte www.studentinsurance-kk.com. Los estudiantes pueden comprar la cobertura únicamente si

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

MIDDLE SCHOOL ATHLETES

HEADS UP CONCUSSION

WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

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

REPORT IT.

Tell your coach and parent if you think you or one of your teammates may have a concussion. You won't play your best if you are not feeling well, and playing with a concussion is dangerous. Encourage your teammates to also report their symptoms.

GET CHECKED OUT BY A DOCTOR.

If you think you have a concussion, do not return to play on the day of the injury. Only a doctor or other health care provider can tell if you have a concussion and when it's OK to return to school and play.

GIVE YOUR BRAIN TIME TO HEAL.

Most athletes with a concussion get better within a couple of weeks. For some, a concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

HOW CAN I TELL IF I HAVE A CONCUSSION?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

- Get a headache
- Feel dizzy, sluggish or foggy
- Be bothered by light or noise
- Have double or blurry vision
- Vomit or feel sick to your stomach
- Have trouble focusing or problems remembering
- Feel more emotional or "down"
- Feel confused
- Have problems with sleep

A concussion feels different to each person, so it's important to tell your parents and doctor how you feel. You might notice concussion symptoms right away, but sometimes it takes hours or days until you notice that something isn't right.

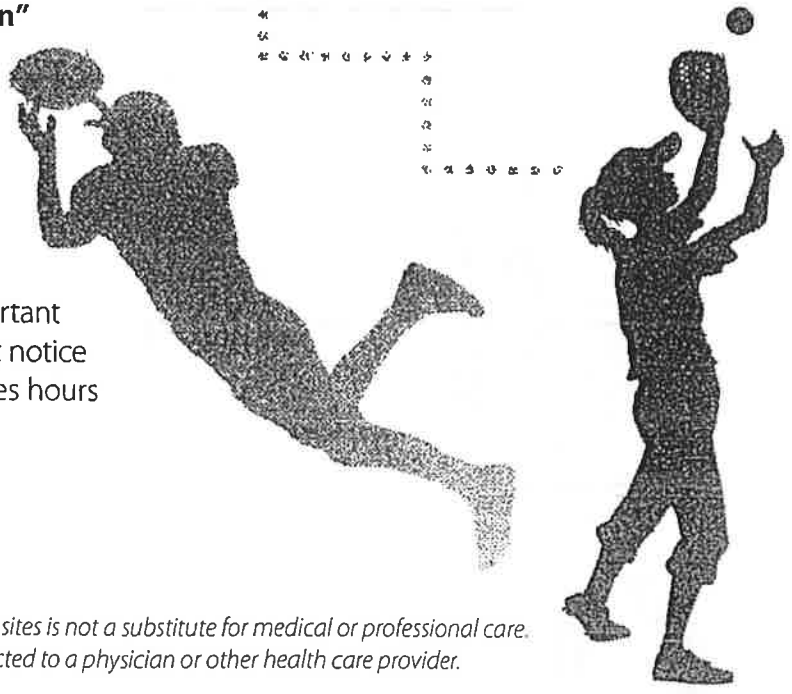
HOW CAN I HELP MY TEAM?

PROTECT YOUR BRAIN.

All your teammates should avoid hits to the head and follow the rules for safe play to lower chances of getting a concussion.

BE A TEAM PLAYER.

If one of your teammates has a concussion, tell them that they're an important part of the team, and they should take the time they need to get better.



The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

To learn more, go to www.cdc.gov/HEADSUP

Hoja informativa para

ATLETAS DE ESCUELA INTERMEDIA

ATENCIÓN
CONMOCIÓN CEREBRAL EN EL DEPORTE JUVENIL

¿QUÉ ES UNA CONMOCIÓN CEREBRAL?

Una conmoción cerebral es una lesión en el cerebro que afecta su funcionamiento. Puede ocurrir cuando el cerebro rebota dentro del cráneo después de una caída o golpe en la cabeza.

Esta hoja contine información para que sepas cómo protegerte de una conmoción cerebral u otra lesión cerebral grave y qué hacer si ocurre.

¿QUÉ DEBO HACER SI CREO QUE TENGO UNA CONMOCIÓN CEREBRAL?

NOTIFICARLA.

Avísales a tu entrenador y a tu padre si crees que tú o uno de tus compañeros podría presentar una conmoción cerebral. No podrás dar lo mejor de ti si no te sientes bien; además, jugar con una conmoción cerebral es peligroso. Incentiva a tus compañeros a que también notifiquen sus síntomas.

HACERME REVISAR POR UN MÉDICO.

Si crees que tienes una conmoción cerebral, no regreses al juego el día de la lesión. Solo un médico u otro proveedor de atención médica puede decirte si tienes una conmoción cerebral y cuándo puedes regresar a la escuela y volver a jugar.

DARLE AL CEREBRO TIEMPO PARA CURARSE.

La mayoría de los atletas con una conmoción cerebral se mejoran después de un par de semanas. Para algunos, una conmoción cerebral puede hacer que las actividades diarias, como ir a la escuela, sean más difíciles. Es posible que necesites más ayuda para volver a tus actividades normales. Asegúrate de avisarles a tus padres y al médico cómo te vas sintiendo.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

LOS BUENOS COMPAÑEROS SABEN QUE:
ES PREFERIBLE PERDERSE UN JUEGO QUE TODA LA TEMPORADA.

¿CÓMO PUEDO DARME CUENTA DE QUE TENGO UNA CONMOCIÓN CEREBRAL?

Es posible que tengas una conmoción cerebral si tienes cualquiera de estos síntomas después de un golpe, impacto o sacudida en la cabeza o el cuerpo:

- **Tienes dolor de cabeza.**
- **Te sientes mariado, débil, o grogui.**
- **Te molesta la luz o el ruido.**
- **Tienes visión doble o borrosa.**
- **Tienes vómitos o te duele el estómago.**
- **Tienes problemas de concentración o memoria.**
- **Te sientes sensible o "bajoneado".**
- **Te sientes confundido.**
- **Tienes dificultad para dormir.**

Los síntomas de una conmoción cerebral son diferentes para cada persona; por lo tanto, es importante decirles a tus padres y médicos cómo te sientes. Es posible que notes síntomas de la conmoción cerebral de inmediato, pero a veces lleva horas o días hasta que notas que algo no está bien.

¿CÓMO PUEDO AYUDAR A MI EQUIPO?

PROTEGE TU CEREBRO.

Todos tus compañeros deben evitar golpes en la cabeza y deben seguir las reglas para un juego seguro con el fin de disminuir las probabilidades de presentar una conmoción cerebral.

SÉ UN BUEN JUGADOR DE EQUIPO.

Si uno de tus compañeros tiene una conmoción cerebral, dile que es un miembro importante del equipo y que debe tomarse el tiempo que necesite para mejorarse.

La información proporcionada en este documento o mediante enlaces a otros sitos no remplaza la atención médica o profesional. Se deben dirigir las preguntas sobre diagnóstico y tratamiento de una conmoción cerebral a un médico u otro proveedor de atención médica.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Para obtener más información, visite:
www.cdc.gov/headsup/youthsports/index-esp.html

CONCUSSION Information Sheet

HEADS UP CONCUSSION

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

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

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to www.cdc.gov/HEADSUP

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

HEADS UP CONCUSSION

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Revised 5/2015

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

○ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

○ I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

Hoja informativa sobre la
CONMOCIÓN CEREBRAL

ATENCIÓN
CONMOCIÓN CEREBRAL EN EL DEPORTE JUVENIL

Esta hoja contiene información que ayuda a proteger a sus hijos o adolescentes de una conmoción cerebral u otra lesión cerebral grave. Use esta información en los juegos y las prácticas de sus hijos o adolescentes para aprender a identificar una conmoción cerebral y saber qué hacer en caso de que ocurra.

¿Qué es una conmoción cerebral?

Una conmoción cerebral es un tipo de lesión cerebral traumática o TBI (por sus siglas en inglés) causada por un golpe, impacto o sacudida en la cabeza o por un golpe en el cuerpo que hace que la cabeza y el cerebro se muevan rápida y repentinamente hacia adelante y hacia atrás. Este movimiento rápido puede hacer que el cerebro rebote o gire dentro del cráneo y provoque cambios químicos en el cerebro, y a veces hace que las células cerebrales se estiren y se dañen.

¿Cómo puedo mantener a mis hijos o adolescentes seguros?

Los deportes son una buena manera para que los niños y adolescentes se mantengan saludables y los ayudan a que les vaya bien en la escuela. Para reducir las probabilidades de que sus hijos o adolescentes sufran una conmoción cerebral u otra lesión cerebral grave, usted debe:

- Ayudar a crear una cultura de seguridad para el equipo.
  - Junto con el entrenador enseñe maneras de disminuir las probabilidades de sufrir una conmoción cerebral.
  - Hable con sus hijos o adolescentes sobre las conmociones cerebrales y pregúnteles si les preocupa tener que notificar una conmoción cerebral. Hable sobre las preocupaciones que tengan y déjeles saber que es la responsabilidad de ellos, y que está bien, notificar una conmoción cerebral y tomarse el tiempo necesario para recuperarse.
  - Asegúrese de que sigan las reglas de seguridad del entrenador y las reglas del deporte.
  - Explíqueles a sus hijos o adolescentes que espera que mantengan el espíritu deportivo en todo momento.
- Enseñarles que deben usar un casco para disminuir la probabilidad de sufrir los tipos de lesiones cerebrales o de la cabeza más graves, si es adecuado para el deporte o la actividad que practiquen. Sin embargo, no existe un casco que sea a prueba de conmociones cerebrales, por lo tanto, hasta con un casco es importante que los niños y adolescentes eviten los golpes en la cabeza.

Planifique. ¿Qué le gustaría que su hijo o adolescente supiera sobre las conmociones cerebrales?

¿Cómo puedo indentificar una posible conmoción cerebral?

Los niños y adolescentes que muestran o notifican uno o más signos y síntomas enumerados a continuación, o simplemente dicen que no se "sienten del todo bien" después de un golpe, impacto o sacudida en la cabeza o el cuerpo, podrían tener una comoción cerebral u otra lesión cerebral grave.

Signos observados por padres o entrenadores

- Parece estar aturdido o desorientado.
- Se olvida de una instrucción, está confundido sobre su deber o posición, o no está seguro del juego, puntaje o de quién es su oponente.
- Se mueve con torpeza.
- Responde a las preguntas con lentitud.
- Pierde el conocimiento (aunque sea por poco tiempo).
- Muestra cambios de ánimo, comportamiento o personalidad.
- No puede recordar eventos antes o *después* de un golpe o una caída.

Síntomas reportados por niños y adolescentes

- Dolor de cabeza o "presión" en la cabeza.
- Náuseas o vómitos.
- Problemas de equilibrio o mareo, o visión borrosa o doble.
- Sensibilidad a la luz o al ruido.
- Se siente débil, desorientado, aturdido o grogui.
- Confusión o problemas de concentración o memoria.
- No se siente "del todo bien" o no tiene "ganas de hacer nada".

Hable con sus hijos y adolescentes sobre las conmociones cerebrales. Pídales que notifiquen los síntomas de conmoción cerebral de inmediato tanto a usted como al entrenador. Algunos niños y adolescentes piensan que las comociones cerebrales no son graves, mientras que a otros les preocupa perder su puesto en el equipo o ser vistos como débiles si notifican una comoción cerebral. Asegúrese de recordarles que *es mejor perder un juego que toda la temporada.*

Para obtener más información, visite
http://www.cdc.gov/headsup/youthsports/index-esp.html.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Las conmociones cerebrales afectan a cada niño y adolescente de manera diferente. Aunque la mayoría de los niños y adolescentes se sienten mejor a las pocas semanas, algunos tendrán síntomas por meses o aún más. Hable con el proveedor de atención médica de sus hijos o adolescentes si los síntomas de conmoción cerebral no desaparecen o empeoran después de que regresan a sus actividades normales.

¿Cuáles son algunos signos de peligro más graves a los que debo prestar atención?

En raras ocasiones, después de un golpe, impacto o sacudida en la cabeza o en el cuerpo puede acumularse sangre (hematoma) de forma peligrosa en el cerebro y ejercer presión contra el cráneo. Llame al 9-1-1 o lleve a su hijo o adolescente a la sala de urgencias de inmediato si después de un golpe, impacto o sacudida en la cabeza o el cuerpo, presenta uno o más de estos signos de riesgo:

- Una pupila más grande que la otra.
- Mareo o no puede despertarse.
- Dolor de cabeza persistente y que además empeora.
- Dificultad de dicción, debilidad, entumecimiento o menor coordinación.
- Naúseas o vómitos, convulsiones o ataques (temblores o espasmos) periódicos.
- Comportamiento inusual, mayor confusión, inquietud o nerviosismo.
- Pérdida del conocimiento (desmayado o inconsciente). Incluso una breve pérdida del conocimiento debe considerarse como algo serio.

Los niños y adolescentes que continúan jugando cuando tienen síntomas de conmoción cerebral o que regresan a jugar muy pronto, mientras el cerebro todavía se está curando, tienen mayor probabilidad de sufrir otra conmoción cerebral. Una conmoción cerebral repetida que ocurre mientras el cerebro todavía se está curando de la primera lesión puede ser muy grave y puede afectar al niño o adolescente de por vida; y hasta podría ser mortal.

¿Qué debo hacer si creo que mi hijo o adolescente ha sufrido una conmoción cerebral?

Como padre, si usted cree que su hijo o adolescente puede tener una conmoción cerebral, usted debe:

1. Retirarlo del juego.
2. No permitir que su hijo o adolescente regrese a jugar el día de la lesión. Su hijo o adolescente debe ver a un proveedor de atención médica y solo podrá regresar a jugar con el permiso de un profesional médico con experiencia en la evaluación de conmociones cerebrales.
3. Pedirle al proveedor de atención médica de su hijo o adolescente que le dé instrucciones por escrito sobre cómo ayudarlo a que regrese a la escuela. Usted puede darle indicaciones a la enfermera de la escuela y a los maestros e instrucciones al instructor o entrenador deportivo sobre cómo su hijo o adolescente puede regresar al juego.

Trate de no juzgar la gravedad de la lesión. Solo un proveedor de atención médica debe evaluar a un niño o adolescente de una posible conmoción cerebral. Los signos y síntomas de las conmociones cerebrales por lo general aparecen al poco tiempo de que ocurre la lesión. Sin embargo, al principio no sabrá qué tan grave es la conmoción cerebral y es posible que algunos síntomas no aparezcan por varias horas o días.

- Después de una conmoción cerebral, el cerebro necesita tiempo para curarse. El regreso de un niño o adolescente a la escuela y a los deportes debe ser un proceso gradual dirigido y monitorizado cuidadosamente por un proveedor de atención médica.

Para obtener más información, visite http://www.cdc.gov/headsup/youthsports/index-esp.html.

Revisado en Junio de 2015

Converse con su hijo o adolescente sobre los riesgos de una conmoción cerebral y otras lesiones cerebrales graves y haga que cada persona firme lo siguiente.

Separe la sección de abajo y mantenga esta hoja informativa para usarla en los juegos y las prácticas de sus hijos o adolescentes con el fin de protegerlos de las conmociones cerebrales u otras lesiones cerebrales graves.

○ Aprendí sobre las conmociones cerebrales y hablé con uno de mis padres o mi entrenador sobre lo que debo hacer si sufro una conmoción cerebral u otra lesión cerebral grave.

Nombre del atleta: _____ Fecha: _____

Firma del atleta: _____

○ He leído esta hoja informativa para padres sobre conmoción cerebral con mi hijo o adolescente y hablamos sobre lo que debe hacer si tiene una conmoción cerebral u otra lesión cerebral grave.

Nombre del padre o tutor legal: _____ Fecha: _____

Firma del padre o tutor legal: _____

JJIB-E ©

INTERSCHOLASTIC SPORTS

(Mild Traumatic Brain Injury (MTBI) / Concussion)

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 Centers for Disease Control (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: _____

Reproduction of AIA FORM 15.7-C 02/11 which may be used in lieu of this document.

Yuma School District One
ONE Community Pursuing Excellence

450 W. Sixth Street
Yuma, Arizona 85364
Phone: 928.502.4300
Fax: 928.502-4442

STUDENT TRANSPORTATION WAIVER

NOTE: This form is to be completed, signed and returned to the **School Office** for approval 24 hours prior to departure. Once approved, the note will be forwarded to the teacher in charge of the travel.

I fully understand the following:

1. Parent/legal guardian permission must be given in writing **24 hours prior to the departure of any school trip.**

2. A student will only be released on a school trip to their **own parent/legal guardian** unless the parent/guardian gives authorization in writing for a family member, family friend, or another parent to accept all responsibility for the student while transporting him/her home or to a destination other than the student's school.

3. Written release from parent/legal guardian must be on file in order for parent/legal guardian to pick up the student from any school travel. If the parent/legal guardian cannot pick up student as planned, the student **must** return home with school transportation.

4. In consideration of being allowed to participate in the field/activity trip, the undersigned agrees to release and hold harmless YESD1 and its employees or agents from any and all claims, liabilities or demands whatsoever arising or claimed to have arisen out of the student's participation in this field/activity trip. It is specifically noted that students are solely responsible for all personal items they choose to bring on field/activity trips and any loss or damage should be reported to the family's homeowner's insurance company.

I request permission for my son/daughter, _____,

(Student's Name)

to leave from _____

(Name of Event and Location)

on _____ **at** _____ **with** _____.

(Date of event) (Time) (Family Member/Another Parent/Friend Name)

By making this request, I assume full responsibility for my student after being released by school personnel.

_____ _____

Signature of Parent/Legal Guardian **Date**

_____ _____

Administrative Approval **Date**

Yuma School District One
ONE Community Pursuing Excellence

450 W. Sixth Street
Yuma, Arizona 85364
Phone: 928.502.4300
Fax: 928.502-4442

PERMISO DE TRANSPORTACIÓN DEL ESTUDIANTE

NOTA: Esta forma debe ser completada, firmada y devuelta a la **Oficina de la Escuela** para la aprobación 24 horas antes de la salida. Una vez esté aprobada, será entregada al maestro/a encargado del viaje.

Entiendo perfectamente lo siguiente:

1. El permiso del Padre/Tutor legal debe de ser dado por escrito **24 horas antes de la salida de cualquier viaje de la escuela.**

2. El estudiante solamente será liberado del viaje de la escuela a **su propio padre o tutor legal**, a menos que el padre o tutor dé una autorización por escrito para un miembro de la familia, amigo de la familia u otro padre para aceptar toda la responsabilidad del estudiante mientras se transporta a la casa o un lugar destinado que no sea la escuela del estudiante.

3. El permiso/consentimiento por escrito del padre o tutor legal debe estar archivado con la escuela en orden para que el padre/tutor pueda recoger al estudiante de cualquier viaje de la escuela. Si el padre o tutor legal no puede recoger al estudiante como está planeado, el estudiante **debe** regresar a casa con el transporte de la escuela.

4. En consideración de ser permitido a participar en la actividad de viajes/viajes de campo, el firmante abajo se compromete a liberar y exonerar YESD1 y sus empleados o agentes de cualquier y toda reclamación, responsabilidad o demandas cualquiera que fueran o reclamar de que hayan surgido de la participación del estudiante en el viaje o actividad escolar. Es específicamente indicado que los estudiantes son los únicos responsables de todos los artículos personales que lleven a las excursiones/ actividades de viajes y cualquier pérdida o daño debe ser reportado a la compañía de seguros de propietarios de vivienda de la familia.

Solicito permiso para mi hijo(a), _____,

(Nombre del Estudiante)

Sea liberado de _____

(Evento y El Lugar)

programado el día _____ **a la hora** _____**con** _____

(Fecha del evento) (Pariente/Otro padre o madre/Nombre de amigo)

Al hacer esta petición, yo asumo toda la responsabilidad de mi hijo(a) después que mi hijo(a) sea liberado por el personal de la escuela.

_____ _____

Firma del Padre/Guardián **Fecha**

_____ _____

Autorización Administrativa **Fecha**

Yuma Elementary School District One

Castle Dome Middle School

2353 S. Otondo Drive, Yuma, AZ 85365

(928) 502-7300

This **Student Travel Consent Form** properly signed by the parent or guardian, must be submitted to the school office or teacher to authorize travel and participation in the travel/activity. When completed and properly signed, this form provides the following:

A. **Consent to travel under the supervision of Yuma Elementary School District One staff.**
B. **Consent for personnel accompanying the student to obtain medical treatment for the student when necessary.**
C. **Agreement that the student will comply with the YESD1 Student Code of Conduct as found in the YESD1 Discipline Policies and Procedures Handbook. This handbook is available on the iPads in Self- Service and on the www.yuma.org website. Students must also comply with the school dress code requirements.**
D. **Agreement by student and parent that student may be sent home at parent expense for violation of YESD1 Student Code of Conduct. Parents or guardians will be notified by phone should such a circumstance arise.**

TRAVEL INFORMATION:

This is a comprehensive consent form for *Castle Dome Middle School*

Travel Destination: (All Away Games) *Ron Watson, Gila Vista JR, Woodard MS, 4th Ave. Jr. High, and ALL Crane School*

Date of Travel: Athletic Season (Softball, Wrestling, Basketball, Soccer, Football, Volleyball)

Teacher in Charge: CDMS Coaches

MEDICAL CONSENT: I hereby authorize in advance any necessary medical treatment required by my son or daughter while he or she is absent from home while traveling under the supervision of *Castle Dome Middle School*. My child is authorized to take prescription medicine which is: _____

***Parent/Guardian Medical Consent Signature**:_____Date: _____

Name of Student:_____ Student ID #:_____Age: _____

Social Security Number (optional):_____Date of Birth: _____

Home Address:_____City:_____

Allergies: _____

***Phone Contacts: This is very important! Please list names and numbers.**

Parent/Guardian	Home Phone	Business Phone	Other (Cell or Pager)
1.			
2.			
Emergency			
1.			
Family Doctor			

Family Insurance Information:

Insurance Provider: _____

Company Name:_____Policy Number: _____

STUDENT: I understand the contents of this form and agree to comply with the rules governing this trip as stated by the YESD1 Code of Conduct, and School Dress Code.

_____**Date:** _____

***Student Signature**

PARENT/GUARDIAN: I understand the contents of this form and agree to allow my child to participate in this travel/activity.

_____**Date:** _____

***Parent or Guardian Signature**

Distrito Escolar Numero Uno de Yuma

Castle Dome Middle School
2353 S. Otondo Dr., Yuma, AZ 85365
(928) 502-7300

Esta **Forma de Permiso para el Viaje** de estudiantes firmada por los padres o tutor, debe ser presentada a la oficina de la escuela o maestro(a) para autorizar el viaje y la participación en la actividad. Cuando se haya completado y firmado correctamente, esta forma proporciona lo siguiente:

A. **Permiso a Viajar bajo la supervisión del Personal del Distrito Escolar Número Uno.**
B. **Consentimiento para el personal que acompaña al estudiante a obtener tratamiento medico para el estudiante cuando sea necesario.**
C. **Consentimiento que el estudiante cumplirá con el Código de Conducta del Estudiante de YESD1 encontrado en el Manual de Procedimientos y Políticas de Disciplina de YESD1. Este manual está en los iPads en "Self Service" y en el sitio web www.yuma.org. Estudiantes también deben de cumplir con los requisitos del Código de Vestuario de la escuela.**
D. **Consentimiento del estudiante y los padres, para que el estudiante pueda ser mandado a casa al costo de los padres por violación del Código de Conducta del Estudiante de YESD1. Los padres o los guardianes serán notificados por teléfono en caso de que tal circunstancia se presente.**

INFORMACIÓN DEL VIAJE:

Esta es una forma de consentimiento completa para *Castle Dome Middle School.*
Destino del viaje: (All Away Games) *Ron Watson, Gila Vista JR. Woodard MS, 4th Ave. Jr. High, and ALL Crane Schools*
Fecha del viaje: Athletic Season (Softball, Wrestling, Basketball, Soccer, Football, Volleyball
Maestro(a) a cargo: CDMS Coaches

CONSENTIMIENTO MEDICO: Yo autorizo por adelantado cualquier tratamiento medico necesario requerido por mi hijo(a) mientras que él o ella está ausente de casa mientras están viajando bajo la supervisión de *Castle Dome Middle Schoolℓ.* Mi hijo(a) está autorizado a tomar medicina de prescripción las cual es: _____

***Firma de Consentimiento Médico del Padre/Tutor:**_____Fecha:_____
Nombre del Estudiante:_____ID # del Estudiante:_____Edad: _____
Número del Seguro Social (opcional):_____Fecha de Nacimiento: _____
Domicilio:_____Ciudad:_____
Alergias: _____

***Contactos de teléfono: Esto es muy importante! Por favor ponga una lista de nombres y números.**

Padres/Tutor	Teléfono de casa	Teléfono de negocios	Otro (Celular o Pager)
1.			
2.			
Emergencia			
1.			
Médico de Familia			

Información de Seguro de la Familia:
El proveedor de Seguro: _____
Nombre de la Compañía:_____Número de Póliza: _____

ESTUDIANTE: Entiendo el contenido de esta forma y estoy de acuerdo en cumplir con las normas determinadas en este viaje según lo indicado por el Código de Vestuario y el Código de Conducta de YESD1.

_____**Fecha:** _____
*****Firma del estudiante**

PADRE/TUTOR: Entiendo el contenido de esta forma y estoy de acuerdo en permitir a mi hijo(a) a participar en este viaje/actividad.

_____**Fecha:** _____
*****Firma de Padre/Tutor**

Yuma School District ONE
450 W. 6th Street
Yuma, AZ 85364
(928) 502-4300

PREPARTICIPATION PHYSICAL EVALUATION – PARENT/STUDENT

(The parent or guardian should fill out this form with assistance from the student-athlete) Date: _____

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

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

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

Explain "Yes" answers on the 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?	☐	☐
2)	Do you have an ongoing medical condition (like diabetes or asthma)?	☐	☐
3)	Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____	☐	☐
4)	Do you have allergies to medicines, pollens, foods or stinging insects? (Please specify): _____	☐	☐
5)	Does your heart race or skip beats during exercise?	☐	☐
6)	Has a doctor ever told you that you have (check all that apply): High Blood Pressure ☐ A Heart Murmur ☐ High Cholesterol ☐ A Heart Infection ☐		
7)	Have you ever spent the night in a hospital?	☐	☐
8)	Have you ever had surgery?		
9)	Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected area in the box below in question 11)	☐	☐
10)	Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11)	☐	☐
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, check affected area in the box below)	☐	☐

☐ Head ☐ Neck ☐ Shoulder ☐ Upper Arm ☐ Elbow ☐ Forearm
☐ Hand/Fingers ☐ Chest ☐ Upper Back ☐ Lower Back ☐ Hip ☐ Thigh
☐ Knee ☐ Calf/Shin ☐ Ankle ☐ Foot/Toes

Yuma School District ONE
450 W. 6th Street
Yuma, AZ 85364
(928) 502-4300

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

Females Only

	Y	N
38) Have you ever had a menstrual period?	☐	☐
39) How old were you when you had your first menstrual period?	_____	
40) How many periods have you had in the last year?	_____	

Explain "Yes" Answers Here

Yuma School District ONE
450 W. 6th Street
Yuma, AZ 85364
(928) 502-4300

PREPARTICIPATION PHYSICAL EXAMINATION – MEDICAL PROFESSIONAL

(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?	☐	☐
2)	Has your child ever had extreme shortness of breath during exercise?	☐	☐
3)	Has your child had extreme fatigue associated with exercise (different from other children)?	☐	☐
4)	Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	☐	☐
5)	Has a doctor ever ordered a test for your child's heart?	☐	☐
6)	Has your child ever been diagnosed with an unexplained seizure disorder?	☐	☐
7)	Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	☐	☐

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)	☐	☐
9)	Are there any family members who died suddenly of "heart problems" before age 50?	☐	☐
10)	Are there any family members who have unexplained fainting or seizures?	☐	☐

11) Are there any relatives with certain conditions, such as :

	Y	N		Y	N
Enlarged Heart	☐	☐	Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	☐	☐
Hypertrophic Cardiomyopathy (HCM)	☐	☐	Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	☐	☐
Dilated Cardiomyopathy (DCM)	☐	☐	Marfan Syndrome (Aortic Rupture)	☐	☐
Heart Rhythm Problems	☐	☐	Heart Attack, Age 50 or Younger	☐	☐
Long QT Syndrome (LQTS)	☐	☐	Pacemaker or Implanted Defibrillator	☐	☐
Short QT Syndrome	☐	☐	Deaf at Birth	☐	☐
Brugada Syndrome	☐	☐			

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

STUDENT ELIGIBILITY REQUIREMENTS

(Please read and sign before participating in any sport)

1. **PARENT PERMISSION FOR ATHLETIC PARTICIPATION: This form includes information about three requirements that must be met prior to practicing or playing:**
   a. **Parent Permission for Participation in Athletics:** parents must provide a signature indicating their approval for their child to participate interscholastic athletics
   b. **Consent for Emergency Care:** parent signature also consents to medical care or treatment in the event of an emergency
   c. **Statement of Insurance Coverage:** a student must be covered by their parents' insurance or student activity insurance; information for student activity insurance is available in the office

   NO STUDENT WILL BE PERMITTED TO PRACTICE OR PARTICIPATE IN INTERSCHOLASTIC ATHLETICS WITHOUT PARENT SIGNATURE FOR ATHLETIC PARTICPATION, EMERGENCY CARE, AND INSURANCE STATEMENT.

2. **PHYSICAL EXAMINATION PAPERWORK:** Parents and student athletes are to complete and sign the Health History Section (p. 1 – front and back) of the Preparticipation Physical Evaluation. During the physical examination, the doctor is to complete and sign the Pre-participation Physical Examination Form (p. 2 – front and back). NO STUDENT WILL BE PERMITTED TO PRACTICE OR PARTICIPATE IN AN INTERSCHOLASTIC ATHLETIC CONTEST WITHOUT HAVING BEEN GIVEN A PHYSICAL EXAMINATION AND APPROVAL BY A MEDICAL PROFESSIONAL.

3. **CONCUSSION STATEMENT AND ACKNOWLEDGEMENT FORM:** Parents and student athletes must read and sign the MTBI/Concussion Acknowledgement Form. NO STUDENT WILL BE CLEARED TO PRACTICE OR PLAY WITHOUT THIS FORM BEING SIGNED.

4. **BIRTH CERTIFICATE:** Students who have not previously presented a birth certificate to the office for recording must do so. Students, who have reached the age of 15 prior to September 1, are ineligible to compete in junior high school athletic contests.

5. **ACADEMIC ELIGIBILTY:** A student must be passing all subjects at grade check time in order to be academically eligible to compete in athletic contests.

6. **ATHLETIC PRACTICE PERMIT:** The Assistant Principal's office shall issue an Athletic Practice Permit to the student when all eligibility requirements have been verified and recorded. Until the ATHLETIC PRACTICE PERMIT is completed and approved by the Assistant Principal's office and is presented to the coach, no equipment of any kind shall be issued to the student nor shall he/she be permitted to practice or participate in interscholastic athletics.

I affirm that I have read the above eligibility requirements for athletic participation.

Parent/Guardian Signature	Student Signature	Date

ATHLETIC PARTICIPATION PERMISSION FORM
(EMERGENCY CARE, INSURANCE and PARENT CONSENT)

Name _____ Birthdate_____ Male / Female (circle)

Address _____ Home phone _____ Grade _____

Father/guardian _____ Work phone _____ Cell _____

Mother/guardian _____ Work phone _____ Cell _____

Name of persons who may assume temporary responsibility in case of emergency or illness:

Local friend/relative _____ Phone _____

Parent or Guardian Permission: I, the undersigned parent or guardian, give my permission for the above named student to participate in organized Junior High School Athletics, realizing that such activity involves the potential for injury and/or transmittable diseases which are inherent in all sports. I/We acknowledge that even with qualified coaching, use of approved equipment, and strict observance of the rules, injuries or transmittable diseases are still a possibility.

Consent for Emergency Care: Be it known that I, the undersigned parent or guardian of the above named student, do hereby give and grant unto any medical doctor or hospital *selected by the school* my consent and authorization to render such aid, treatment or care to said student, *if neither the parents or guardians can be contacted,* in the judgment of the said doctor or hospital, on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing and intended by me to extend throughout the school year.

IT IS FURTHER understood that any expenses incurred will be paid for by the insurance of the parent, purchased student insurance, or by the parent of the student. Payment of any medical expense is not a school responsibility.

STATEMENT OF INSURANCE COVERAGE (Check option #1, #2 or #3)

_____ **OPTION #1**: I, the undersigned, affirm that I am the parent or the legal guardian of the above named student. I certify that the above named student is currently covered and will be covered during the school year by an accident insurance policy, which includes coverage in the event of injury in a school supervised game or activity.
Health Insurance (name): _____ **Policy#:** _____

_____ **OPTION #2**: I desire to purchase student activity insurance through the school. FORMS ARE AVAILABLE IN THE OFFICE.

_____ **OPTION #3**: I do not desire to have insurance coverage. **Any expenses incurred as a result of injury will be the responsibility of the parent.**

RESPONSIBILITY FOR EQUIPMENT RETURN: I agree to be responsible for the safe return of all athletic and/or activity equipment issued by the school to the above named student.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE STATEMENTS AND CONDITIONS.

_____ Parent/Guardian Signature

_____ Student Signature

_____ Date