

ATHLETIC PARTICIPATION FORM

Name of Child _____ Date of Birth _____ Sex _____ Grade _____ 20__ - 20__
in Fall Academic Year

Home Address _____ Zip Code _____ Home Phone _____

<u>Mother's Info.</u>	<u>Father's Info.</u>	<u>Guardian Info.</u>
Name: _____	Name: _____	Name: _____
Wk. Phone: _____	Wk. Phone: _____	Wk. Phone: _____
Cell Phone: _____	Cell Phone: _____	Cell Phone: _____

In case of emergency (and parent cannot be reached) notify:

1. _____	_____	_____	_____
Name	Home Phone	Cell/Wk. Phone	Relationship to Child
2. _____	_____	_____	_____
Name	Home Phone	Cell/Wk. Phone	Relationship to Child

TO WHOM IT MAY CONCERN:

I/We, the undersigned parent(s)/legal guardian give permission for my/our child _____
to participate in: _____ (Child's Name)

(Please check, initial and date each sport your child will participate in during the current school year)

<input type="checkbox"/> Baseball _____	<input type="checkbox"/> Basketball _____	<input type="checkbox"/> Cheerleading _____
<input type="checkbox"/> Softball _____	<input type="checkbox"/> Track/Cross Country _____	<input type="checkbox"/> Volleyball _____
<input type="checkbox"/> Football _____		

In case of a medical or dental emergency, we (I) give our (my) consent and authorization for any necessary treatment, to include treatment by a licensed physician or dentist and transfer to any hospital reasonably accessible.

The following information is provided for any licensed physician, dentist, or hospital not having access to our (my) child's medical history:

Health Care Provider _____ Address _____ Phone _____

Family Dentist _____ Address _____ Phone _____

DATE OF LAST TETANUS SHOT: _____

MEDICAL INSURANCE COMPANY: _____ POLICY NO.: _____

DENTAL INSURANCE COMPANY: _____ POLICY NO.: _____

AGENT NAME: _____ PHONE NO.: _____

OTHER PERTINENT INFORMATION: _____

Please check any of the spaces below which describe a health problem your child has which might require attention. If your child has no such health problems, check "none of the above."

- Allergies (if yes, please list) _____
- Blood disease (sickle cell anemia, apalstic anemia, malaria, hemophilia, etc.)
- Heart problem requiring limitations
- Diabetes
- Food allergy requiring immediate attention
- Digestive disorder (ulcers, colitis)
- Hearing impairment or complete hearing loss
- Insect sting allergy—severe—requiring immediate attention
- Malignancy (leukemia, sarcoma, Hodgkin's disease, etc.)
- Neurological problem (cerebral palsy, hydrocephalus, etc.)
- Orthopedic problem – severe – requiring limitations (brittle bone disease, etc.)
- Respiratory problem – severe – requiring limitations (asthma, cystic fibrosis, etc.)
- Seizure disorder (epilepsy, etc.) Define: _____
- Urinary tract disorder (nephritis, absence of kidney or bladder, etc.)
- Vision impairment or complete vision loss
- None of the Above

Medication being taken: _____

Additional information/instructions: _____

Has a child care plan on file in the school office. (check if true)

We (I) shall be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization. Further, should it be necessary for our (my) child to return home due to medical reasons, disciplinary action or otherwise, we (I) agree to pay transportation costs.

Finally, in consideration for our (my) child's participation in the above stated athletic activities, we (I) release, discharge, and agree to hold harmless the Catholic Bishop of Spokane, his agents, and employees from any and all liability, claim or demands for personal injury, illness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by us and/or our (my) child while our (my) child is participating in these activities (including transportation to and from the events), hereby assuming all risk of personal injury, illness, death, damage and expense as a result of participation in these athletic activities.

We (I) have fully read this form and sign voluntarily with knowledge of its terms and conditions.

Mother's Signature

Date

Father's Signature

Date

Legal Guardian's Signature

Date

Date Received _____

By _____

ATHLETIC CODE OF CONDUCT AGREEMENT

Through the vehicle of sports, youth become better Christians and become friends with other children throughout the Diocese. Activities should be examples of the meaning of Christian sportsmanship.

COACHES

Acceptable standards of coaching behavior include:

- Set a good example for participants and fans to follow, exemplifying the highest moral and ethical behavior
- Respect the judgment of officials, abide by the rules of the event – Never argue with officials – Technical fouls and ejections are never acceptable
- Treat opposing coaches, participants, and fans with respect
- Coach in a positive manner, reflecting Christian values – Yelling should be avoided
- Be drug, alcohol and tobacco-free at all youth practices, events and games
- Instruct participants in sportsmanship and demand that they display good sportsmanship
- Encourage players through positive reinforcement
- Coaches bear the same responsibility as teachers

PLAYERS

Acceptable standards of play behavior include:

- Treat opponents with respect – Shake hands prior to and after contests
- Respect the judgment of officials and abide by the rules of the contest – Technical fouls and ejections are never acceptable
- Always play in a positive manner, reflecting Christian values

PARENTS AND SPECTATORS

Acceptable standards of spectator behavior include:

- Remember that all players are children and are playing for their enjoyment, not yours
- Remain seated in the spectator area during the games
- Respect decisions made by contest officials
- Be drug, tobacco and alcohol-free at all youth practices, events and games
- Be a role model by positively supporting teams and by not shouting instructions or criticism to the players, coaches or officials. Do not coach from the stands
- Make no derogatory comments or gestures to players, coaches, spectators of the opposing team, officials or league administrators
- If you see fans of your team behaving in a negative manner, please try to appeal to the conscience at an appropriate time

ENFORCEMENT

Concerns regarding violations of this code shall be first brought to the attention of the local school athletic director. Coaches, participants and spectators may be placed on probation or suspended from activities for their actions.

I(We) have read the Code of Conduct. I(We) agree to follow these guidelines in my(our) participation in all athletic activities

Signature of Player

Date

Signature of Parent/Legal Guardian

Date

Signature of Coach

Date



Assumption Parish Catholic School

"Learning in the Light of the Gospel"

3618 W. Indian Trail Rd
 Spokane, WA 99208
 509.328.1115
 Fax 509.328.7872
 www.assumptionspokane.org

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

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

Signs observed by teammates, parents and coaches include:

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

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
 Document created 6/15/2009



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Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

 Student-athlete Name Printed

 Student-athlete Signature

 Date

 Parent or Legal Guardian Printed

 Parent or Legal Guardian Signature

 Date

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