

Garretson Blue Dragons Athletic Forms 2017-2018



Student Athlete Name: _____

Student Athlete Grade: _____

Sportsmanship

As we prepare for the upcoming seasons, it is an appropriate time to review the goals of our school athletic program as they relate to sportsmanship. As educational institutions, our schools are committed to teaching our young people to set goals, strive for excellence and to properly handle whatever adversity they encounter along the way. This aim is the same in the classroom as it is in the gymnasium.

The greatest challenge to good sportsmanship is adversity. When things are not going well, the easy response is to shift the blame, in particular, away from ourselves to our opponents, or more often, to the officials. When this is done, the focus is shifted away from the positive, “to play harder or better,” to the negative, “how can we possibly overcome the bad calls.” It is essential that our students maintain a positive approach to handling adversity. We need the support of our adult fans, as role models, if we are to accomplish this goal.

At times some fans have become quite vocal at games and loudly criticized both game officials and opposing players. This type of abusive behavior is counter-productive to what we are trying to teach. In addition, it creates a very uncomfortable environment for the fans that come out to support their team and wish to enjoy the game. Finally, it is an embarrassment to our schools and to the young people participating in these athletic events. We are asking ALL fans to keep comments positive and upbeat.

All of our officials are deemed competent. They are not perfect, and their interpretation of the action may be different from yours. However, they are an essential part of the game, and they are doing the best they can. Let’s strive to pay less attention to their performance and more to the superb skills of our young athletes.

Enjoy the contests you attend this school year and remember the following:

1. You are at a contest to support and yell for your team and to enjoy the skill and competition, not to intimidate or ridicule the other team and its fans.
2. School athletics are learning experiences for students and mistakes are sometimes made. Praise student athletes in their attempt to improve themselves as students, as athletes, and as people, just as you would praise a student working in the classroom.
3. A ticket to a school athletic event is a privilege to observe the contest, not a license to verbally assault others and be generally obnoxious.
4. Show respect for the opposing players, coaches, spectators and support group. Treat them as you would treat a guest in your own home.
5. Refrain from taunting or making any kind of derogatory remarks to your opponents during the game, especially comments of ethnic, racial or sexual nature.
6. Respect the integrity and judgment of game officials. Understand they are doing their best to help promote the student athlete, and admire their willingness to participate in full view of the public.
7. Use only cheers that support and uplift the teams involved.
8. Be a positive behavior role model through your own actions and by censuring those around you whose behavior is unacceptable.

Eligibility Rules

The Garretson School Board has adopted the policies and rules stated in the athletic handbook. The school board has attempted to have rules that are enforceable, fair and representative of what the school expects from the student athletes.

Particular attention needs to be paid to eligibility and training rules. Each student athlete and his/her parent/legal guardian must sign this form and return it to the high school office. The signatures mean that you have read and understand the eligibility and training rules of the Garretson School District.

I have read and understand the eligibility and training rules of the Garretson School District for school activities and interscholastic competition.

Parent/Legal Guardian Signature

Date

Student Athlete Signature

Date

Please sign and return to the main office

Consent for Medical Treatment

I am the Mother/Father/Legal Guardian of _____, who participates
Student Athlete's Name

in extracurricular activities for the Garretson School District. I hereby consent to any medical services that may be required while said student athlete is under the supervision of an employee of the Garretson School District. While on a school sponsored activity, I hereby appoint said employee to act on behalf in securing necessary medical services from a duly licensed medical provider.

Please state any medical precautions that should be considered in treating the above named student athlete (i.e. allergies, diseases, medications).

Family physician: _____ Phone: _____

Hospital preference: _____

In case of emergency call:

1. _____

Day phone: _____ Evening phone: _____

2. _____

Day phone: _____ Evening phone: _____

Parent/Legal Guardian Signature

Date

Consent of Student Athlete

I, _____, have read the above consent form that has been signed by
Student Athlete's Name

my Mother/Father/Legal Guardian and join with her/him in the consent.

Student Athlete Signature

Date

This form must be completed annually. A copy will travel with each team on which the student athlete competes.

Please sign and return to the main office

South Dakota High School Activities Association Annual Parent and Student Athlete Consent Form

Student Athlete's Name: _____ School: Garretson School

Date of Birth: _____ Place of Birth: _____ School Year: 2015-2016

The Parent and Student Athlete hereby:

1. Understand and agree that participation in SDHSAA sponsored activities is voluntary on the part of the student athlete and is considered a privilege.
2. Understand and agree that (a) by this consent form the SDHSAA has provided notification to the parent/legal guardian and student athlete of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries such as injuries to the body's bones, joints, ligaments, tendons, or muscles. Catastrophic injuries to the head, neck, and spinal cord and concussions may also occur. On rare occasions, there may be severe injuries that result in total disability, paralysis, and death; and (d) even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility.
3. Consent and agree to participation of the student athlete in SDHSAA activities subject to all SDHSAA bylaws and rules interpretations for participation in SDHSAA sponsored activities, and the activities rules of the SDHSAA member school for which the student athlete is participating; and
4. Consent and agree that personally identifiable directory information may be disclosed about the student athlete as a result of his/her participation in SDHSAA sponsored activities. Such directory information may include, but is not limited to, the student athlete's photograph, name, grade level, height, weight, and participation in officially recognized activities and sports. ***If I do not wish to have any or all such information disclosed, I must notify the Garretson School District in writing of our refusal to allow disclosure of any or all such information prior to the student athlete's participation in sponsored activities.***

I acknowledge that I have read paragraphs 1 through 4 above and understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participating in activities.

Student Athlete Signature

Date

I am the student athlete's parent/legal guardian. I acknowledge that I have read paragraphs 1 through 4 above and understand and agree to the terms thereof, including the warning of potential risk of injury inherent in the participation in athletic activities. I hereby give my permission for _____ to practice and compete for the Garretson School

Student Athlete's Name

District in activities approved by the SDHSAA.

Parent/Legal Guardian Signature

Date

This form must be completed annually and must be available for inspection at the school.

Please sign and return to the main office

Consent for Release of Medical Information (HIPPA)

Student Athlete's Name: _____

Date of Birth: _____

1. I authorize the use or disclosure of the above named individual's health information including the Pre-Participation History and the Physical Exam information pertaining to a student athlete's ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any health care provider generating or maintaining such information.
2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers, and other school personnel involved in the care of this student athlete.
3. This information for which I am authorizing disclosure will be used for the purpose of determining the student athlete's eligibility to participate in extracurricular activities, any limitations on such participation, and any treatment needs of the student athlete.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
5. This authorization will expire on July 1, 2018.
6. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.
7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student athlete's eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

Parent/Legal Guardian Signature

Date

This form must be completed annually and must be available for inspection at the school.

Please sign and return to the main office

CONCUSSION FACT SHEET FOR ATHLETES

What is a concussion?

A concussion is a brain injury that:

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

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don't feel right" soon after, a few days after or even weeks after the injury.

- Headache or "pressure" in your head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

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 right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

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

- Use the proper sports equipment, including personal protective equipment. In order for the equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and be the correct size and fit
 - Used every time you play or practice
- Follow your coaches' rules for safety and the rules of the sport
- Practice good sportsmanship at all times

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

Student Athlete's Name (please print): _____

Student Athlete's Signature: _____ Date: _____

Parent's/Legal Guardian's Signature: _____ Date: _____

THIS FORM MUST BE SIGNED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.

Please sign and return to the main office

CONCUSSION FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow or jolt to the head or body. Even or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your athlete reports one or more symptoms of a concussion listed below, or if you notice the symptoms yourself, keep your athlete out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • 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 mood, behavior, or personality changes • Can't recall events prior to hit or fall • Can't recall events after hit or fall 	<ul style="list-style-type: none"> • Headache or "pressure" in her/his head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not "feeling right" or is "feeling down"

How can you help your athlete prevent a concussion?

Every sport is different, but there are steps your athletes can take to protect themselves from a concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your athlete has a concussion?

1. **Keep your athlete out of play.** If your athlete has a concussion, her/his brain needs time to heal. Don't let your athlete return to play the day of the injury and until a health care professional, experienced in evaluating for a concussion, says your athlete is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for a concussion will be able to decide how serious the concussion is and when it is safe for your athlete to return to sports.
3. **Teach your athlete that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your athlete convince you that she's/he's "just fine".
4. **Tell all of your athlete's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses and other school staff should know if your athlete has ever had a concussion. Your athlete may need to limit activities while she/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your athlete's coaches, school nurse, and teachers. If needed, they can help adjust your athlete's school activities during her/his recovery.

Parent's/Legal Guardian's Name (please print): _____

Parent's/Legal Guardian's Signature: _____ Date: _____

THIS FORM MUST BE SIGNED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.

Please sign and return to the main office

With the new concussion legislation, the attached forms will be available in the Health Exams & Health Issues in your 2011-2012 Athletic Handbook. We would ask that these forms be used as sent to assure uniformity among our member schools. The three attached forms, Phys - #'s 6, 7, and 8 will be required by law which takes effect July 1, 2011. Please note that forms # 7 and # 8 must be signed and retained in the school.