

Resurrection Lutheran School

ELIGIBILITY

In order to be eligible for any athletic activity, the athlete:

1. Must be currently enrolled in RLS
2. Must meet all eligibility requirements prior to the first tryout/practice date
3. Must have a completed and signed Middle School Athletic Participation Form prior to the first tryout/practice date.
4. Must receive a medical examination once every 395 days by a licensed medical physician, physician's assistant or family practitioner in the United States.
5. Must read the Concussion Information Sheet, initial and sign the Student-Athlete & Parent/Legal Custodian Concussion Statement each year.
6. A player injured requiring medical attention may not participate in practice or a contest without a doctor's note. Students absent from athletic practice five or more days due to injury shall receive a medical release by a licensed physician before readmittance to practice or play.

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Middle School Athletic Participation Form

Instructions: Print or type and return to school. All student and parent contact information must be complete. All insurance information must be complete. Attach necessary documentation for Medical Alerts such as allergic reactions, contacts, etc.

Athlete's Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Gender: M F Race: _____ Sport: _____

Grade: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Name of Parent 1: _____ Daytime Phone: _____ Cell _____

Name of Parent 2: _____ Daytime Phone: _____ Cell _____

*Legal Custodian: _____ Daytime Phone: _____ Cell _____

Alternate Emergency Contact: _____ Daytime Phone: _____ Cell _____

Family Physician: _____ Phone: _____ Orthopedist: _____ Phone: _____

Insurance Company Name: _____ Policy Number(s): _____

Medical Alerts: Are you allergic to any type of Medications, List: _____

Other allergic reactions, List: _____

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Athletic Participation Form

Instructions: Student Athlete and Parent/Legal Guardian must read and sign this form.

Student Athlete Pledge: As a student athlete, I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school, and hereby accept the responsibility and privilege of representing this school and community as a student athlete.

Parent Pledge: As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, and support groups. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and the good sportsmanship expected by our school. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

Medical Authorization: As the parent or legal custodian of this student athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer or first responder.

Risk of Injury: We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of an athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

Parental Permission: I have read and reviewed the general requirements for middle school athletic eligibility, and have discussed these requirements with my student athlete. I understand that additional questions or specific circumstances should be directed to my student's coach, athletic director, or principal.

Changes in Medical Conditions: If your child's medications, need for medical assistance, or medical conditions change after completing this form, contact the School and provide updated health information.

Transportation: I understand that transportation to and from games is the responsibility of the parent.

Fees: A sports fee of \$100 is charged for every sport and is due by the first day of practice. Athlete may not participate in sport until fee is paid.

We have read the eligibility rules and this document and understand all of the requirements for athletic participation. We agree to comply with the requirements set forth in the eligibility rules and this document. All information contained in this document is accurate and correct. Providing false information on this form may cause the student athlete to lose athletic eligibility.

Parent or Guardian (Signature)

Date

Parent or Guardian (Signature)

Date

Student Athlete: I certify that the above information is correct, that I have read and reviewed all of the above information with my parent(s) / legal custodian(s), and I agree to comply with these standards as well as those established by my school, principal, athletic director, and coach.

Student Athlete (Signature)

Date

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Sport Pre-Participation Examination Form

Instructions: This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.

- **Athletes:** Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.
- **Parents:** Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.
- **Physicians:** We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

Patient's Name: _____ Age: _____ Sex: _____

Explain "Yes" answers below	Yes	No	Don't know
Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____			
Is the athlete presently taking any medications or pills?			
Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?			
Does the athlete have the sickle cell trait?			
Has the athlete ever had a head injury, been knocked out, or had a concussion?			
Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?			
Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?			
Has the athlete ever fainted or passed out AFTER exercise?			
Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)?			
Has the athlete ever had trouble breathing during exercise, or a cough with exercise?			
Has the athlete ever been diagnosed with exercise-induced asthma?			
Has a doctor ever told the athlete that they have high blood pressure?			
Has a doctor ever told the athlete that they have a heart infection?			
Has the athlete ever been told they have a murmur or had an EKG or other test ordered for the athlete's heart?			
Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?			
Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?			
Has the athlete ever had a stinger, burner or pinched nerve?			
Has the athlete ever had any problems with their eyes or vision?			
Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? Head Shoulder Thigh Neck Elbow Knee Chest Hip Forearm Shin/calf Back Wrist Ankle Hand Foot			
Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?			
Has the athlete ever been hospitalized or had surgery?			
Has the athlete had/been: 1. Little interest or pleasure in doing things; 2. Feeling down, depressed, or hopeless for more than 2 weeks in a row; 3. Feeling bad about himself/herself that they are a failure, or let their family down; 4. Thoughts that he/she would be better off dead or hurting themselves?			
Has the athlete had a medical problem or injury since their last evaluation?			
Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?			
Has any family member had unexplained heart attacks, fainting or seizures?			
Does the athlete have a father, mother or brother with sickle cell disease?			

Elaborate on any positive (yes) answers (If additional space is needed attach a separate sheet):

By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Athlete: _____ Date: _____ Phone: _____

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Sport Pre-Participation Examination Form

Instructions: This form must be completed by a licensed physician, nurse practitioner or physician assistant.

Athlete's Name _____ Age _____ Date of Birth _____
Height _____ Weight _____ BP _____ (_____ % ile) / _____ (_____ % ile) Pulse _____
Vision R 20/ _____ L 20/ _____ Corrected: Y N

These are required elements for all examinations

	NORMAL	ABNORMAL	ABNORMAL FINDINGS
Pulses			
Heart			
Lungs			
Skin			
Neck/Back			
Shoulder			
Knee			
Ankle/Foot			
Other Orthopedic Problems			

Optional Examination Elements – Should be done if history indicates

Heent			
Abdominal			
Genitalia (Males)			
Herina (Males)			

Clearance:	<input type="checkbox"/> A. Cleared
	<input type="checkbox"/> B. Cleared after completing evaluation/rehabilitation for : _____
	<input type="checkbox"/> *** C. Medical Waiver Form must be attached (for the condition of: _____)
	<input type="checkbox"/> D. Not cleared for: Collision Contact Non-contact __Strenuous __Moderately strenuous _ Non-strenuous Due to: _____
Additional Recommendations/Rehab Instructions: _____	
(***) The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)	

Name of Physician/Extender: _____

Signature of Physician/Extender: _____ MD DO PA NP

(Signature and circle of designated degree required)

Physician Office Stamp:	Date of exam: _____
	Address: _____
	Phone: _____

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CONCUSSION INFORMATION

Instructions: Concussion Information must be read and understood by student athletes and parents.

What is a concussion?

A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion?

There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering

- Difficulty thinking clearly
- Taking longer to figure things out
- Difficulty remembering
- Difficulty remembering new information

Physical

- Headache
- Fuzzy or blurry vision
- Feeling sick to your stomach, queasy
- Vomiting
- Dizziness
- Balance problems
- Sensitivity to noise or light

Emotional/Mood

- Irritability – things bother you more easily
- Sadness
- Being more moody
- Feeling nervous or worried
- Crying more

Sleep

- Sleeping more than usual
- Sleeping less than usual
- Trouble falling asleep
- Feeling tired

What should I do if I think I have a concussion?

If you are having any of the signs or symptoms listed above, you should tell your parents or coach so they can get you the help you need. If a parent notices these symptoms, they should inform the school.

When should I be particularly concerned?

If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion?

You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's OK to return to physical activity and my sport after a concussion?

After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury. This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

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Concussion Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the left column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print) _____

Parent/Legal Custodian Name(s): (please print) _____

Student- Athlete Initials		Parent/Legal Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student -Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

By signing below, we agree that we have read and understand the information contained in the Student- Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date