

# Cawley Middle School



## Athletic/Co-Curricular Handbook

Please read, and if you agree, sign this form and return it to school on the first day of try-outs.

\_\_\_\_\_ I authorize the duly designated coaches of Cawley Middle School to consent to, in my absence and absence of any other legal guardian, any emergency care or surgical examination or treatment and hospital care to be rendered to the minor at a recognized medical facility under the general or special supervision of a licensed physician. I further authorize the schools staff to make provision for ambulance transportation when necessary and to make provisions for emergency aid until the minor can be take to a medical facility.

\_\_\_\_\_ My son/daughter is currently covered by health insurance. If no student accident insurance is available for purchase through ISI New England, please call the school secretary for more information.

\_\_\_\_\_ I have read the Athletic Handbook and agree to support my son/daughter's compliance with the conditions stipulated.

\_\_\_\_\_ I have read the Parent/Athlete Concussion Information sheet and agree to follow its guidelines.

Should you have further questions and/or concerns, do not hesitate to contact the Athletic Director, Garrett Middleton and/or Principal, Matt Benson at 518-5047.

**EMERGENCY INFORMATION**  
SCHOOL ADMINISTRATIVE UNIT #15

Please Print

StudentName \_\_\_\_\_  
First Middle Last \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Student lives with: (please circle) Mother  Father  Other  \_\_\_\_\_

Father/Legal Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Email Address \_\_\_\_\_

Mother/Legal Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Email Address \_\_\_\_\_

Stepparent (if applies) \_\_\_\_\_

Please list two other adults who would be available to assume temporary care of your child if you are not available.

1. Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Physical Disabilities \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ Date

## I. Philosophy and Procedures:

Extracurricular athletics and co-curricular programs in Hooksett are voluntary student programs. Though we strongly encourage students to do so, none are obligated to take part in athletics or co-curricular programs. The goal of our interscholastic program is to establish self-discipline, socialization skills, fair play through interaction with team members, coaches, and officials, and to better develop physical skills. The goal of our co-curricular program is to offer students other positive activities in which middle schoolers can work together for a common purpose.

Because the programs are voluntary, and because those participating are representative of the community of Hooksett, it is necessary that we set our standards high. Student-athletes and co-curricular participants must maintain acceptable academic requirements and display proper citizenship and sportsmanship skills. They are required to conduct themselves in an appropriate manner.

Since it is a privilege to represent Hooksett in athletic and co-curricular competitions, it follows logically that the school has the responsibility to revoke that privilege when the student does not conduct himself/herself in an acceptable manner. Proper conduct is required of students on the athletic field, and in the school and community.

## II. Participant Regulations:

### A. Academic Eligibility

It is important for youngsters to understand that the maintenance of good grades is of primary importance. In order for students to participate on an interscholastic or co-curricular team, the following academic conditions must be met:

1. Participants must pass all classes at report card time.
2. Participants must not receive more than one failing grade at progress check time.
3. Students who do not meet the aforementioned criteria (1 and 2) will be suspended from participation for two weeks. Two weeks will be allowed to meet the criteria or permanent seasonal participation will be suspended.

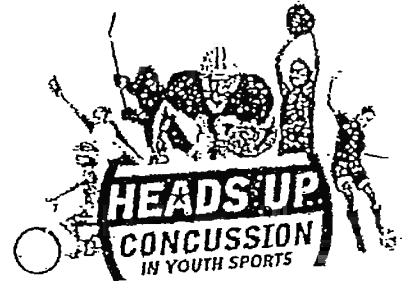
### B. Conduct Standards: Athletics & Co-curricular Activities

1. Detentions/Suspension: Proper conduct during school, on the field of play, and during transport to and from games and activities is required of all students. No student will be allowed to participate in athletics/activities who has received more than three (3) office detentions, either teacher-held or office during the course of the season. Upon receiving his/her fourth (4th) detention, the student athlete will be notified of his/her suspension from athletic/activity participation. **On that day a student-athlete is to serve an internal or external suspension or detention, he/she is not allowed to participate in either that day's game/activity or practice.**

2. Coach/Advisor's Prerogative: Our advisors and coaches dedicate a great deal of time training students. It is within their bounds to recommend dismissal of students from participating to the school administration.
3. Athletic/Activity Suspension: The school reserves the right to suspend students from participation in athletics or co-curricular activities when it deems it necessary. Suspension from sports and activities may occur for reasons such as use of tobacco, drugs and alcohol on or off school grounds, inappropriate conduct, or other inappropriate activity.
4. Absences From Games/Events/Performances/Dances:
  - a. Should personal circumstances dictate that a student-athlete miss a scheduled a game or practice, a written note must be provided by the parent.
  - b. Students not in school on the day of a game or practice may not participate in the after-school event.
5. Transportation: Parents are asked to be prompt and punctual in picking up students following activities, practices and games. Students will be made aware of ending times of activities, games and practices in advance. Chronic tardiness of parents picking up students may result in student dismissal from participation. **Students need to take school provided transportation to and from events.**
6. Tryouts: Appropriate qualifying conditions will be established by the coach and Athletic Director to determine student eligibility. Coaches may delay judgment on individuals who are injured and/or sick, and thus, unable to participate. A tryout session for the individual may be established, within a reasonable timeframe, for such a student.
7. Commitment: Since many times coaches are required to deny participation to students who desire to play because of a large number of candidates, it is expected that those students who do qualify for the team make a full and reasonable commitment to games and practices. **The school team schedule is to take precedent over non-school teams. Failure to comply with this procedure may result in students' dismissal.**

### C. Health Standards

1. Physical Examinations: No student shall be eligible to represent Hooksett in athletics unless there is a physician's statement on file certifying that the student has passed an adequate physical examination and that in the opinion of the examining physician he/she is fully able to participate in athletics.
2. Insurance: It is strongly suggested that all student-athletes be covered by some form of medical insurance.
3. Health Attitudes: It is well known at the present time that smoking, drinking alcoholic beverages, and the use of drugs are unhealthy. It is important that student-athletes eat well-balanced meals and get sufficient rest each night.



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports *one or more* symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
<p>Appears dazed or stunned</p> <p>Is confused about assignment or position</p> <p>Forgets an instruction</p> <p>Is unsure of game, score, or opponent</p> <p>Moves clumsily</p> <p>Answers questions slowly</p> <p>Loses consciousness (<i>even briefly</i>)</p> <p>Shows mood, behavior, or personality changes</p> <p>Can't recall events <i>prior</i> to hit or fall</p> <p>Can't recall events <i>after</i> hit or fall</p>	<p>Headache or "pressure" in head</p> <p>Nausea or vomiting</p> <p>Balance problems or dizziness</p> <p>Double or blurry vision</p> <p>Sensitivity to light</p> <p>Sensitivity to noise</p> <p>Feeling sluggish, hazy, foggy, or groggy</p> <p>Concentration or memory problems</p> <p>Confusion</p> <p>Just not "feeling right" or "feeling down"</p>

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

### *Remember*

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse.

After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

\_\_\_\_\_  
Student-Athlete Name-Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



James C. Vailas, MD  
President

Laura C. Decoster, ATC  
Executive Director

### AUTHORIZATION FOR ATHLETIC TRAINING SERVICES AND CONSENT FOR TREATMENT

I, the undersigned, am the parent/legal guardian of \_\_\_\_\_, a minor and Student-Athlete for Cawley Middle School.

I hereby give consent for a Certified Athletic Trainer, who is contracted by the school to provide sports medicine services, to care for the above minor. I understand this sports medicine clinician is from Safe Sports Network and that sports medicine services include, but are not limited to: administering first aid for athletic injuries, providing initial treatment and management of acute injuries, and assessing athletic injuries at the request of the athlete, the athlete's coach, or the athlete's parent/guardian. The Athletic Trainer will perform only those procedures that are within their training, credential limitations and scope of professional practice to prevent, care for and rehabilitate athletic injuries.

I hereby authorize the Athletic Trainer to share information about the injury assessments and post-injury status as needed with the team physician, coaches, athletic director, school nurse and the athlete's physicians and/or any other treating healthcare provider.

I understand that there is no charge to me for the above-listed Athletic Training Services. If the athlete is in need of further treatment by a physician or rehabilitation services for an injury, s/he may see the physician of his/her choice. Injured athletes that have seen a physician must submit written clearance from the physician prior to being permitted to resume activity.

Student Athlete Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent/Guardian Name (print) \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Home/Cell Phone \_\_\_\_\_ Work phone \_\_\_\_\_

### CONCUSSION STATEMENT

- o We understand the athlete must report all injuries/illnesses to the nurse.
- o We have read the Concussion Fact Sheet (a copy of which has been provided to us) and we understand:
- o A concussion is a brain injury and all brain injuries can be serious.
- o An athlete does NOT have to be knocked out to have a concussion.
- o Concussion symptoms may show up right away but can show up hours or days after the injury.
- o A concussion can affect reaction time, balance, sleep, classroom performance and the ability to perform everyday activities.
- o If an athlete suspects a teammate has a concussion, s/he is responsible for reporting the injury to the team physician or athletic trainer.
- o The athlete must not return to play in a game or practice if s/he has concussion-related symptoms.
- o Following concussion the brain needs time to heal. A repeat concussion is more likely if an athlete returns to play before symptoms resolve.
- o In rare cases, repeat concussions can cause permanent brain damage, and even death.

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Pre-participation Form

Please answer the following questions by circling the appropriate answer and please explain the circumstances on the lines below (additional space is located on the back of this sheet) for an answer circled "Yes".

1. Has a doctor ever denied or restricted your participation in sports for any reason?  
YES                      NO
2. Do you have any ongoing medical condition (like diabetes, asthma, blood clotting disease, kidney condition)?  
YES                      NO
3. Are you currently taking any prescription or non-prescription (over-the counter) medicines, pills or inhalers?  
YES                      NO
4. Do you have any allergies to medicines, pollens, foods, or stinging insects?  
YES                      NO
5. Have you ever passed out or nearly passed out DURING or AFTER exercise/sports?  
YES                      NO
6. Have you ever had discomfort, pain or pressure in your chest during exercise/sports?  
YES                      NO
7. Does your heart race or skip beats during exercise/sports?  
YES                      NO
8. Has a doctor ever told you that you have (Circle all that apply):  
High blood pressure      A heart murmur  
YES   NO                      YES   NO  
High cholesterol              A heart infection  
YES   NO                      YES   NO
9. Has a doctor ever ordered a test for your heart (for example, ECG or echocardiogram)?  
YES                      NO
10. Do you or anyone in your family have a heart problem?  
YES                      NO
11. Has any family member or relative died of heart problems or sudden death before the age of 50?  
YES                      NO
12. Has any family member had unexplained fainting, seizures or near drowning?  
YES                      NO
13. Does anyone in your family have Marfan Syndrome?  
YES                      NO
14. Have you ever had surgery?  
YES                      NO
15. Have you ever had any broken bones or dislocated joints?  
YES                      NO
16. Has a doctor ever told you that you have asthma or allergies?  
YES                      NO
17. Do you cough, wheeze or have difficulty breathing during or after exercise/sports?  
YES                      NO
18. Do you currently use an inhaler or asthma medicine?  
YES                      NO
19. Have you ever had a concussion or head injury?  
YES                      NO
20. Have you ever had a blow to the head that caused confusion, prolonged headache or memory problems?  
YES                      NO
21. Have you ever been unable to move your arms or legs after being hit or falling?  
YES                      NO
22. Has a doctor told you that you or someone in your family has sickle cell trait?  
YES                      NO
23. Do you have any problems with your vision?  
YES                      NO
24. Do you wear contacts or glasses?  
YES                      NO
25. Are you under the care of a physician?  
YES                      NO

Explain "yes answers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_