

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 _____ DOB _____

First Middle Last

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

Physical Examinations:

1. **A student must have an up-to-date physical to participate in the athletic program. The physical exam done previously on entering sixth grade will suffice.** 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.

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AUTHORIZATION AND CONSENT FOR ATHLETIC TRAINING SERVICES

I, the undersigned, am the parent/legal guardian _____, a Student-Athlete of _____ School.

I hereby give consent for a Certified Athletic Trainer, contracted by the school, to provide sports medicine services 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, providing initial treatment and management of acute injuries, and assessing 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 his/her training and scope of professional practice to prevent, treat 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 that 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 athletic trainer and/or team physician.
- 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 every day 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 _____
Parents/Guardians _____	Date _____
Signature _____	

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: _____

A FACT SHEET FOR Youth Sports Parents



This sheet has information to help protect your children or teens from concussion, or other serious brain injury.

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.
 - 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. There is no "concussion-proof" helmet. Even with a helmet, it is important for children and teens to avoid hits to the head.

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. Remind them that *it's better to miss one game than the whole season.*

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

- 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"

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



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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' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



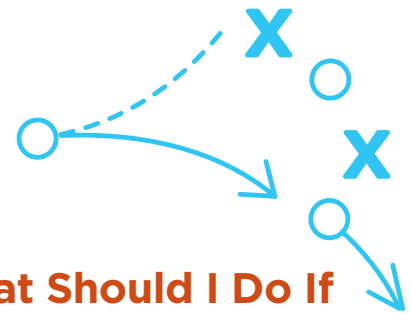
Plan ahead. What do you want your child or teen to know about concussion?

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 healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare 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 healthcare provider should assess a child or teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

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To learn more,
go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)

