

HARRIS-LAKE PARK COMMUNITY SCHOOLS

Student Information and Parental Approval Form

WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS

This form must be completed and returned to the school office prior your child's participation.

Designate **all** sports the student will be participating in (Check appropriate boxes)

<u>MS STUDENTS</u>
JH Football
JH Volleyball
JH Basketball
JH Wrestling
JH Track
HS Baseball/8 th Gr. Only
HS Softball/8 th Gr. Only

<u>HS STUDENTS</u>	
Football	Golf
Volleyball	Track
Cross Country	Soccer
Cheerleading	Baseball
Dance	Softball
Basketball	Rodeo
Wrestling	

STUDENT INFORMATION

I am aware playing or practicing to play/participate in any sport and/or activity can be dangerous, involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in sports and/or activities include--but are not limited to--death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health, and well-being. I understand that the dangers and risks of playing or practicing to play/participate in sports and/or activities may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in sports and/or activities, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, and agree to obey such instructions.

In consideration of the Harris-Lake Park School District permitting me to participate on the Harris-Lake Park Middle/High School sports teams and/or organized activities, and to engage in all activities related to the team, including --but not limited to-- trying out, practicing, or playing/participation in that sport and/or activity. I hereby assume all the risks associated with participation and agree to hold the Harris-Lake Park School District, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any sports and/or activities related to the Harris-Lake Park Middle/High School. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all of my family.

DATE: _____, 20____

STUDENT SIGNATURE

***** OVER *****

PARENT/GUARDIAN INFORMATION & ACKNOWLEDGMENT

I, _____, am the parent/legal guardian of (student) _____. I have read the above warning and releases and understand that all sports and/or activities can involve many RISKS OF INJURY, including, but not limited to, those outlined above.

In consideration of the Harris-Lake Park School District permitting my child/ward to participate on the Harris-Lake Park Middle/High School Sports Team and/or Organized Activities, and to engage in all activities related to the team and/or activities, including-but not limited to--trying out, practicing, or playing/practicing in sports or activities, I hereby agree to hold the Harris-Lake Park School District, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever may arise by or in connection with participation of my child/ward in any activities related to the sports and/or activities. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

HARRIS-LAKE PARK COMMUNITY SCHOOLS BOARD POLICIES
STUDENT INSURANCE - ATHLETIC - CODE NO. 504.10

All students participating in school athletic programs must be covered by health and accident insurance. Parents may purchase insurance from the program selected by the school district or provide proof that the student is adequately insured by another policy.

Approved: 12-20-83

Reviewed: 3-15-21

Revised: 11-21-16

VERIFICATION OF INSURANCE COVERAGE

INSURANCE COMPANY: _____

POLICY NUMBER: _____

I understand that all students participating in extra-curricular athletic activities must be covered by health and accident insurance (see Harris-Lake Park Community Schools Board Policy Code No. 504.10 above). **My signature below also verifies that my child has such coverage from the above stated insurance company.**

DATE: _____, 20__

PARENT/GUARDIAN SIGNATURE

**HEADS UP: CONCUSSION IN HIGH SCHOOL SPORTS
INFORMATION ACKNOWLEDGEMENT**

IMPORTANT: Students (grades 7-12) participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must annually sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this acknowledgement is signed and returned. *Please retain the attached concussion fact sheet for your information.*

We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

Student's Full Printed Name

Student's Signature

Date

Parent's/Guardian's Signature

Date

HEADS UP: Concussion in High School Sports

Please note this important information based on Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A student participating in extracurricular interscholastic activities, in grades seven through twelve, **must be immediately removed from participation** if the coach, contest official, licensed healthcare provider or emergency medical care provide believe the student has a concussion based on observed signs, symptoms, or behaviors.
- (2) Once removed from participation for a suspected concussion, the **student cannot return to participation until written medical clearance has been provided** by a licensed health care provider.
- (3) A student cannot return to participation until s/he is free from concussion symptoms at home and at school.
- (4) Definitions:
 - “**Contest official**” means a referee, umpire, judge, or other official in an athletic contest who is registered with the Iowa high school athletic association or the Iowa girls high school athletic union.
 - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
 - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa high school athletic association or the Iowa girls high school athletic union that is a contact or limited contact activity as identified by the American academy of pediatrics.
 - “**Medical clearance**” means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

What is a concussion?

Concussions are a type of brain injury that disrupt the way the brain normally works. Concussions can occur in any sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or obstacles. Concussions can occur with or without loss of consciousness, but most concussions occur without loss of consciousness.

What parents/guardians should do if they think their child has a concussion?

1. Teach your child that it's not smart to play with a concussion.
2. **OBEY THE LAW.**
 - a. Seek medical attention right away.
 - b. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
3. Tell all of your child's coaches, teachers, and school nurse about ANY concussion.

What are the signs and symptoms of concussion?

Signs and symptoms of concussion can show up right after the injury or may not be noticed until days after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be removed from play immediately. The athlete should only return to play with permission from a health care provider and after s/he is symptom free at home and at school.

Signs Observed by Parents or Coaches:

- 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

Symptoms Reported by Student-Athlete:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

STUDENTS, If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

PARENTS/GUARDIANS, You can help your child prevent a concussion:

- 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.

For more information visit: www.cdc.gov/Concussion

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PLEASE RETAIN THIS PAGE FOR YOUR INFORMATION AND SIGN THE ACKNOWLEDGEMENT FORM ON THE STUDENT INFORMATION AND PARENT APPROVAL FORM.