



STUDENT ATHLETE PACKET

Elementary Schools

Updated August 2018

ACERO
SCHOOLS  CHICAGO



STUDENT ATHLETE RECORD PACKET

Introduction

Before eligibility is established, and before participation in any practice or contest, each parent/guardian and student athlete interested in participating in interscholastic athletic activities at Acero Schools shall submit a completed Elementary Student Athlete Record Packet including:

- Parental Consent
- Equipment Agreement
- Transportation Acknowledgement
- Academic Eligibility
- Acero Parent and Athlete Concussion Information Sheet
- Student Travel Form and Release

GENERAL INFORMATION

Student Athlete Name: _____ School: _____

Date of Birth: _____ Current Age: _____ Gender (Please Circle): Male or Female

Address: _____

#1 – Emergency Contact Name & Relationship: _____

Emergency Contact Number: _____

#2 – Emergency Contact Name & Relationship: _____

Emergency Contact Number: _____

Sport: Circle all of the sports you intend to participate in this school year:

Basketball

Cross Country

Competitive Dance/Cheer

Soccer

Volleyball

Flag Football

Other: _____

PARENTAL CONSENT

Parental Consent to Play and Pay Participation Fee

I give permission for my student athlete to participate in interscholastic athletic activities. I understand that there is potential for injury in all athletic activity. I acknowledge that even with the best coaching, appropriate use of equipment, and strict observance of rules, injuries are still possible. I understand that, although rare, injuries can be so severe as to result in severe injury, total disability, or death. I give permission to my child to participate in spite of these risks.

I understand and agree to pay a \$25.00 participation fee (via cash or money order payable to Acero; no checks, or on-line via Acero Schools website athletics page), which is necessary to offset administrative costs associated with officiating, transportation (if applicable), and equipment and facility rentals.

A separate uniform fee in the amount of \$20 must also be paid as indicated above. Once purchased, the uniform can be kept and used again for future sport seasons. More information regarding uniform purchase will be made available by each school's coach.

Both the participation and uniform fee must be paid in full prior to the start of the season in order for the student athlete to participate.

Authorization for Medical Treatment

I hereby give my consent to have a Acero athletic trainer, coach, or any other agent certified in emergency medical treatment perform such medical treatment in case of injury or illness.

I understand that in the case of an injury or illness which requires treatment by medical personnel and transportation to a medical facility, a reasonable attempt will be made to contact the student athlete's parent/guardian and emergency contacts. However, if necessary and at the sole discretion of Acero, the student athlete will be treated and transported via ambulance to a medical facility, such as a hospital. By signing this agreement, I understand and consent to such transportation and medical treatment. Further, I understand that I shall be solely responsible all costs associated with any and all student athlete injuries arising from Acero athletic activities, including and without limitation, any costs associated with transportation or medical treatment provided by a third party.

Emergency Medical Release and Liability Waiver

I understand that athletic activities involve risk of serious injury, including permanent disability or death, even if every precaution is taken. I understand that by agreeing to permit my son/daughter to participate in athletic activities, I assume all risks and accept personal responsibility for the damages following any such injury to my son/daughter, permanent disability or death. By doing so, I understand that I am responsible for covering all medical expenses or damages, and hereby release Acero Schools, its officers, teachers, employees, coaches, directors, and agents from any and all liability and all

claims by or on behalf of myself and my student athlete as a result of my student athlete's participation in the athletic activities.

Student Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

EQUIPMENT AGREEMENT

I agree to assume full-responsibility for all athletic equipment issued to me and agree to return all of it according to regulations. I agree to use every care to keep the equipment and uniform in my possession in the best condition possible and to confine the use of my equipment and to the regularly-scheduled school practices, games, or meets. I understand that as a member of, or a candidate for, any athletic team, I am officially representing my school and its standards and ideals. I understand that I am fully financially responsible for damages to or loss of equipment/uniforms in my possession.

Below are recommended instructions for how to wash and dry athletic uniforms:

- Turn uniform inside-out
- Use cold water
- Don't mix colors
- Do not use bleach
- Tumble Dry or hang (do not use heat)

Student Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

TRANSPORTATION ACKNOWLEDGEMENT

I acknowledge that transportation for athletic activities shall be provided in accordance with Acero Schools Student Travel Policy. The use of private vehicles of Acero staff and volunteers for the purpose of transporting student athletes to athletic events is strictly prohibited.

Student Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

ATHLETIC ELIGIBILITY

Scholastic Eligibility

In order to participate in athletic activities at an Acero school, including practice and competitions, student athletes must maintain scholastic eligibility.

Student athletes must maintain a "C" average with no failing classes. Additionally, participation in Acero athletics is a privilege; consequently, discipline related matters such as detentions, tardiness, and uniform infractions may render a student athlete ineligible for participation based on the severity and frequency of the issue(s). Suspensions will render a student athlete ineligible for participation. Eligibility discretion rests with the School Principal in consultation with the Athletic Director and coaches.

Please refer to the Acero Schools Student and Family Handbook for additional information regarding requirements.

Behavioral Eligibility

I understand that the School Principal has discretion to determine student athlete eligibility for Acero athletic activities based upon the student athlete's attendance, observance of the Acero Student Code of Conduct, and disciplinary record.

Student Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly 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 after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

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.

SYMPTOMS REPORTED BY 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”

SIGNS OBSERVED BY COACHING STAFF:

- 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

[INSERT YOUR LOGO]



“IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON”

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 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)

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

1. 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.
2. 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, and 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.
3. 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.

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.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



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Parent/Legal Guardian
Student Travel Permission Form and Release

Name of Student Participant ("Participant"): _____

Acero Campus: _____

Name of Student Participant's Parent/Legal Guardian (if applicable): _____

Contact Information: _____

Description and Location of the Activity or Trip: _____

As the parent/legal guardian of Participant, I acknowledge that he/she is under eighteen (18) years of age. I give my permission for Participant to participate in the above-referenced Activity or Trip. I further acknowledge that:

1. Participation in the Activity or Trip is voluntary and not required for the completion of any curriculum while Participant is a student enrolled in Acero Charter Schools;
2. I have reviewed with Participant the appropriate conduct that is expected of him/her while a participant in this Activity or Trip, and we both understand that if his/her conduct is inappropriate, or in any way in violation of the Acero Student Conduct Code, Participant shall be subject to discipline, up to and including, expulsion from Acero; and
3. Participant has no health-related issues or problems that preclude or restrict his/her participation in the Activity or Trip. However, I also understand that should Participant have any special needs that require reasonable accommodation, I must discuss these requests with the School Principal at least one (1) week prior to the scheduled Activity or Trip.

Accordingly, in my capacity as parent/legal guardian for Participant, and for any heirs, assigns, related individuals and related entities, I hereby release, waive, absolve, discharge, and agree to hold harmless Acero, including their governing boards, officers, employees and agents from and against any rights, claims, demands, causes of action, obligations, suits, liens, damages or liabilities of any kind whatsoever, known or unknown, suspected or claimed, which I or Participant shall or may have in the future against Acero arising out of, based on or related to Participant's participation in the above-referenced Activity or Trip. On behalf of Participant, I further agree to indemnify and hold harmless Acero from the payment of any and all judgments, settlements, costs, disbursements and attorneys' fees that are associated with Acero having to investigate or defend against any claim, action or proceeding of any type whatsoever arising out of Participant's participation in the Activity or Trip including, but not limited to, claims for breach of contract, negligence, strict liability or otherwise. This indemnification obligation and this Release does not, however, absolve Acero from any liability, damages, costs, disbursements and attorneys' fees incurred due to the intentional or reckless conduct by Acero.

I understand that the Acero will not have medical personnel available during the Activity or Trip. I therefore agree and grant permission to representatives of Acero to authorize emergency medical treatment, if necessary, and that such action shall be subject to the terms of this Release. I acknowledge that Participant has adequate health insurance necessary to provide and pay for any medical costs that may be incurred as a result of injury to Participant. I also understand and agree that Acero does not assume responsibility for any injury or damage that may arise out of, or in connection with, such authorized emergency medical treatment.

In signing this Release, I acknowledge on behalf of Participant and myself that I have carefully read this document, and understand its content. This Release shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this Release is deemed to be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

Print Name

Signature

Date