

2018-19 * Keep for your records *

PLAYER RECORD PACKET

INTRODUCTION

Before eligibility is established and before participation in any practice or contest, each student interested in participating in interscholastic athletics at Chicago Public Schools shall submit a completed Player Record Packet. The coach is responsible for securing the packet from the participant and insuring that it has been totally executed. The Athletic Director is responsible for recording the information in the sports module in IMPACT and filing paper records, making them available to the Department of Sports Administration as needed for auditing purposes.

A completed packet includes:

- Proof of Birth (exp. Copy of a Birth Certificate)
- Completed Player's Record Packet including:
 - General Information Form
 - Equipment Agreement
 - By-Laws Acknowledgment
 - Eligibility Statement
- Medical Documentation Forms (Insurance Information)
 - IHSA Pre-participation Examination (within last 395 days)
 - IHSA Sports Medicine Acknowledgement & Consent Form

2018-19 *keep for your records*



IHSA Sports Medicine Acknowledgement & Consent Form

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• "Pressure in head"• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• "Don't feel right"• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

2018-19 * Keep for your records *



IHSA Sports Medicine Acknowledgement & Consent Form

Concussion Information Sheet (Cont.)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

2018-19 * Keep for your records *



IHSA Sports Medicine Acknowledgement & Consent Form

IHSA Performance-Enhancing Substance Testing Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Testing Program. Any student who participates in an IHSA-approved or sanctioned athletic event is subject to PES testing. A full copy of the testing program and other related resources can be accessed on the IHSA Sports Medicine website. Additionally, links to the PES Policy and the association's Banned Drug classes are listed below. School administrators are able to access the necessary resources used for program implementation in the IHSA Schools Center.

IHSA PES Testing Program

<http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20PES%20policy%20final.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20IHSA%20Banned%20Drugs.pdf>

insert Consent Language here (w/o signature lines)

IHSA Steroid Testing Policy Consent to Random Testing

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/our student's body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at <http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20IHSA%20Banned%20Drugs.pdf>

2018 - 19

* * * * *
 * Return to School *
 * * * * *

GENERAL INFORMATION

School: _____ Name: _____ Student ID: _____

Date of Birth: _____ Current Age: _____ Gender: Male / Female

Proof Submitted and placed on file: Birth _____ Baptism _____ Elem. School Record _____

Address: _____

Emergency Contact Name & Relationship: _____

Emergency Contact Number(s): _____

Date of Enrollment this Semester: _____ Date of Initial Enrollment in High School: _____

Number of Semesters in Attendance in High Schools, Including Present Semester: _____

Sport: Circle all of the sports of your intended participation this school year

Baseball Basketball Bowling Cross Country Competitive Cheer/Dance

Football Golf Lacrosse Soccer Softball/16in Swimming/Diving

Tennis Track and Field Volleyball Water Polo Other: _____

Athletic Participation History

<u>School:</u> If other than current school	<u>Yr.</u>	<u>Sports Participated:</u>	<u>Injuries & Treatment:</u> ie: Concussions, surgeries, etc.	<u>AAU/Club:</u> Sport/team Affiliation	<u>Additional Comments</u>
	FR.				
	So.				
	Jr.				
	Sr.				

CONSENT

Parental Consent to Play

I give permission for my child to participate in high school athletics. I understand that there is potential for injury inherent 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, these 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.

Parent/Guardian Signature: _____ Date: _____

Authorization for Medical Treatment

I understand that in the case of an injury or illness which requires treatment by medical personnel and transportation to a health care facility, a reasonable attempt will be made to contact the student-athlete's parent/guardian. However, if necessary, the student-athlete will be treated and transported via ambulance to a medical facility such as a hospital.

Parent/Guardian Signature: _____ Date: _____

2018-19

* * * * *
* Return to School *
* * * * *

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 in my possession in the best condition possible and to confine the use of my equipment 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 damage to or loss of equipment in my possession.

Student's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

BY-LAWS ACKNOWLEDGEMENT

I am in receipt of the constitution and bylaws of the Chicago Public High Schools Athletic Association and agree that my son/daughter will abide by all of the Chicago Public League rules.

Student's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

ATHLETIC ELIGIBILITY

Exclusivity in Participation

During the season of a specific sport, students are only permitted to participate in athletic activity at their school of attendance. Additionally, students are not permitted to participate in a competitive athletic activity with any outside organizations for a sport while participating in that same sport at a Chicago Public School. This prohibition includes, but is not limited to participation in professional, private and public sports teams and organizations.

Scholastic Eligibility

Student athletes must receive passing grades in 25 credit hours (5 half credits or their equivalent) for the previous semester. Additionally, a student with a grade point average below 2.0 must have an Individual Study Plan ("ISP") in place approved by the Principal to address academic weaknesses. If the student fails to satisfy the requirements of their ISP, the student's eligibility to participate will be withdrawn. A student-athlete who is failing one or more courses at the end of a week during the season shall be ineligible for the next week of competition.

I understand that in order to participate in interscholastic competitions I must maintain exclusivity in participation as well as scholastic eligibility.

Parent/Guardian Signature: _____

Date: _____

Student's Signature: _____

Date: _____

MEDICAL DOCUMENTATION

Students are not permitted to participate in athletic activities at Chicago Public Schools until they receive medical clearance from a physician and acknowledge that they are aware of the medical risks associated with athletic activities. Accordingly, parents/guardians must read, complete, and return to the coach the following forms fully executed before students are permitted to participate in athletic activity with Chicago Public Schools:

1. IHS A Pre-participation Examination

2. IHS A Sports Medicine Acknowledgement & Consent Form

Insurance Information

Student Name: _____

Insurance Company: _____

Policy Holder Name: _____

Relationship to Student: _____

Policy Number: _____

Group: _____

Physician Name: _____

Physician Contact Number: _____

2018 - 19

* * * * *
* Return to School *
* * * * *



IHSA Sports Medicine Acknowledgement & Consent Form

Acknowledgement and Consent

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Testing Policy. We also acknowledge that we are providing consent to be tested in accordance with the procedures outlined in the IHSA Performance-Enhancing Testing Policy.

STUDENT

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Consent to Self Administer Asthma Medication

Illinois Public Act 098-0795 provides new directions for schools concerning the self-carry and self-administration of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide schools with the following:

- Written authorization from a student's parents or guardians to allow the student to self-carry and self-administer the medication.
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at <http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf>.