# ATHLETIC & EXTRA-CURRICULAR ACTIVITIES HANDBOOK WALTONVILLE COMMUNITY UNIT SCHOOL DISTRICT #1 HIGH SCHOOL



2020-2021

"Sports are such a great teacher. I think of everything they've taught me: Camaraderie, Humility, How to Resolve Differences." ....Kobe Bryant

# **Athletic and Extra-Curricular Activities Handbook**

This handbook was written for all students who participate in athletics and extra-curricular activities at Waltonville Community Unit School District so that students and their parents may be better informed of the athletic and extra-curricular rules and policies. Regardless of how complete a handbook may be; it cannot anticipate all of the different situations that may occur. It is meant rather as a guide to point out the direction of the Athletic Department. The penalties noted herein shall be considered minimal and no way imply that more severe action cannot be taken.

# Waltonville Community Unit School District School Information

Mascot: Spartan

Colors: Red, White, and Blue.

The SPARTANS are a member of the Midland Trail Conference which also includes Woodlawn, Bluford (Weber), Christ our Rock, Cisne, Grayville, Sandoval, Wayne City, and Odin.

*Waltonville Community Unit School District* participates in a Sports Co-Op with *Sesser-Valier* School District. The following list depicts sports hosted by each school:

**Waltonville** is the host school for the following sporting events: Boys' and Girls' Golf, Boys' Baseball, and Girls' Softball

*Waltonville* hosts its own Boys' Basketball, Winter Cheerleading, Bass Fishing, Scholar Bowl, and Girls' and Boys' Cross Country

*Sesser-Valier* is the host school for the following sporting events: Football, Fall Cheerleading, Girls' Volleyball, Girls' Basketball, Girls' and Boys' Track

All Waltonville Home Basketball games are played in the Waltonville High School Gym.

All Waltonville Home Baseball games are played at Waltonville High School.

All Waltonville Home Softball games are played at Waltonville High School.

All Sesser-Valier Home Football games are played at Carroll Kelly Field.

All Sesser-Valier Home Girls' Basketball games are played the Sesser-Valier High School Gym.

Sports are an integral part of our American culture. Participating in school athletics provides students meaningful engagement with their education through increased academic achievement and attendance, as well as, an opportunity to learn life skills required for success well beyond their high school career. Sports provide a means of teaching desired values and goals that can aid in developing individuals into positive citizens in society. The different sports will allow athletes at all levels to participate against opponents of similar age and size.

Athletics provide a positive arena for athletes to learn the meaning of team work, the value of a solid work ethic, and helps to build the foundational skills needed to be successful later in life. The goal of this program is to develop strong young men and women who gain an appreciation for sports and physical activity and who will carry this passion on to our future generations.

Superintendent:Dr. Melanie BrinkGrade School Principal:Mr. Andrew DagnerAssistant Principal:Mr. Garrett WingoDirector of Athletics/High School:Mr. Andy JanelloAssistant Director of Athletics/Grade School:Mr. Garrett Wingo

#### PARENT/COACH COMMUNICATIONS

#### Parent/Coach Relationship

Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide greater benefit to children. As parents, when your children become involved in our program, you have a right to understand what expectations are placed on your child. This begins with clear communication from the coach of your child's program.

#### Communication you should expect from your child's coach:

- 1. Philosophy of the coach.
- 2. Expectations and Rules the coach has for your child as well as all the players on the team.
- 3. Locations and times of all practices and contests.
- 4. Team requirements, i.e., fees, special equipment, off-season conditioning.
- 5. Procedure should your child be injured during participation.
- 6. Discipline that result in the denial of your child's participation.

#### Communication coaches expect from parents:

- 1. Concerns expressed directly to the coach.
- 2. Notification of any schedule conflicts well in advance.
- 3. Specific concern in regard to a coach's philosophy and/or expectations.

As your children become involved in the athletic programs at Waltonville Community Unit School District, they will experience some of the most rewarding moments of their lives. It is important to understand that there also may be times when things do not go the way you or your child wishes. At these times, discussion with the coach is encouraged.

#### Appropriate concerns to discuss with coaches:

- 1. The treatment of your child, mentally and physically.
- 2. Ways to help your child improve.
- 3. Concerns about your child's behavior.

It is very difficult to accept your child not playing as much as you may hope. Coaches are professionals. They make judgement decisions based on what they believe to be the best for all student-athletes involved. As you may have seen from the list above, certain things can be and should be discussed with your child's coach. Other things, such as those in the following paragraphs, must be left to the discretion of the coach.

#### Issues not appropriate to discuss with coaches:

- 1. Playing time.
- 2. Team strategy.
- 3. Play calling.
- 4. Other student-athletes.

There are situations that may require a conference between the coach, the parent and studentathlete. This is encouraged. It is important that both parties have a clear understanding of the other's position. When these conferences are necessary, the below procedures should be followed to help promote a resolution to the issue of concern.

### Procedures to follow if you have a concern to discuss with a coach:

Allow for a 24 hour wait period before contacting the coach.

Please DO NOT attempt to confront the coach before or after a practice or contest. These confrontations can be emotional for both parent, student, and the coach. Meetings of this nature do not promote resolution.

#### Step One

1. Call to set up an appointment to see the coach. The telephone number at Waltonville Community Unit School District is 618-279-7211 or you may contact the coach directly through phone or school email.

If the coach cannot be reached, call the High School Director of Athletics at 618-239-7211 ext.
 311. The AD will get the message to the coach.

3. If a mutual resolution is not agreed upon, please see step two.

#### Step Two

1. Call and set up an appointment with the Athletic Director, Coach, and Student-Athlete to discuss the situation.

2. At this meeting, if a resolution is *not* reached, any participant may further request a meeting with the Superintendent. This meeting must be requested, in writing, within 3 days of the Step Two meeting. (*See Form Entitled Problem/Complaint Form*)

#### Final Step

1. Within 3 days of the meeting conducted with the Athletic Director, Coach, Parent, and Student-Athlete, one of the participants *must* request a final resolution meeting using the *Problem/Complaint Form* with the Superintendent. At this meeting, an appropriate final resolution will be determined. No further appeals will be allowed.

#### THE GOAL OF OUR PROGRAM

The goal of our Athletic and Extra-Curricular Program is to promote and to develop more effective individuals through developing leadership, collaboration, dedication, and pride in themselves, team, and school.

WALTON	IVILLE COMMUNITY UN	IIT SCHOOL STAFF AND (	COACHES		
Girl's Golf	Andy Janello	Beta Club	Melissa Szopinski		
Boy's Golf	Bethany Anderson	FBLA	Tifanie Schmale		
Boys' Cross Country	Anthony Lowery	FFA	Daryl Kiselewski		
Girls' Cross Country	Anthony Lowery	Band & Chorus			
Boys' Basketball	Anthony Lowery	Student Council	Mary Minor		
Boys' Baseball	Joe Emery	Yearbook	Tifanie Schmale		
Girls' Softball	John Kiselewski	Youth and	Andy Janello		
		Government			
Cheerleading	Kalynn Bonifacius	<b>Environmental Club</b>	Mary Minor		
Bass Fishing		Chess Club			
Scholar Bowl		WYSE	Tifanie Schmale		

#### THE ATHLETIC CONDUCT CODE

The Athletic Conduct Code applies to a student participating in extracurricular activities following eighth grade graduation through the duration of his or her high school career. The extracurricular organizations governed by this code include all athletic programs, Chess Club, Environmental Club, Youth and Government, Student Council, BETA, Scholar Bowl, WYSE, FBLA, Yearbook, Student Council, FFA, Band or Chorus Competitions, any other activity/organization the administration deems as "extracurricular". Other school-sponsored clubs and organizations may, at the discretion of the activity sponsor, elect to follow this Code.

### **GENERAL CONDUCT**

It is expected that members of the athletic and extra-curricular teams be good citizens in the school and in the community. A team member is constantly in the public eye and in a position of influence. Young children, community members, and other school personnel will observe these leaders, will look to them for leadership, and will expect them to set standards for others to follow. Self-discipline is essential in developing this high degree of social maturity.

We believe that the opportunity for participation in a wide variety of student-selected activities is a vital part of the student's educational experiences. Such participation is a privilege that carries with it responsibilities to the school, to the activity, to the student body, to the community, and to the students themselves. These experiences contribute to the development of learning skills and emotional patterns that enable the student to make maximum use of his or her education.

A participant must remember attention is constantly focused on the athlete, and he or she will be expected to set a good example so that the entire community can be proud of him or her. Participants must avoid situations that bring disrespect to themselves, their teammates, their coaches, or their parents.

Participants shall at all times abide by the rules of their activity or sport. Unsportsmanlike behavior is prohibited. Participants' conduct *in and out* of school shall not reflect negatively on their school or create a disruptive influence on the discipline, good order, moral or educational environment in the school. Participants who violate this conduct code are subject to dismissal from the activity at the discretion of the sponsors, coach or building principal. Participants are also subject to such other penalties permitted by the rules of the activity sponsor or coach. *The conduct code applies both in and out of season of the sports or activities in which each student/athlete participates, during summers, holidays and vacations, on and off campus, and whether or not misconduct occurs at a school or school-sponsored activity.* Students will not be allowed to participate in extracurricular activities unless school officials are provided with an Extracurricular Activity form signed by both the parent and the student.

This Extracurricular Code of Conduct is adopted by the Board of Education of Waltonville Community Unit School District No. 1 to apply to students participating in competitive and performing extracurricular activities in grades 9-12. This policy applies in addition to other policies concerning student conduct and imposes additional requirements on students. The Board determines that it is necessary for the maintenance of discipline and to promote exemplary conduct that additional rules apply to extracurricular activities unique to those activities. The Board determines that participation in extracurricular activities is a privilege. There is no right of students to participate in athletic competition, or to participate in particular sports or any school governed extracurricular activity. If a student fails to comply with the rules and requirements set forth in this policy, the privilege to participate in extracurricular activities may be lost in accordance with this policy.

### **General Rules and Regulations**

**School Attendance:** Athletes will be expected to exhibit exemplary student behavior in regard to attendance. Whenever possible, contests will be scheduled so as not to conflict with classes. The athlete must be in attendance at least the last 1/2 of the day on the day of a contest to be eligible, unless authorized by the Principal/Superintendent. If a student has a doctor's appointment, s/he may bring a note to be excused. *If a student misses school on a Friday, participation in contests and/or extra-curricular events will not be allowed on the weekend of the absence.* Attendance in all academic classes will be insisted upon by the head coach. Any missed class work should be requested before leaving for the contest and returned the day the student returns to school.

<u>Participation</u>: Participation in athletics is available to all students. Every athlete is expected to attend each practice unless excused by the coach **in advance**, or except in emergency.

Promptness is also imperative if a person is to succeed as an athlete. The attitude and conduct of the athlete must coincide with the rules and regulations set forth and should be above reproach. **Appearance:** Dressing and grooming regulations will be in agreement with the rules establish by the high school and particular sports team.

**<u>Commitment</u>**: The rules and regulations for athlete will be considered by a commitment between the athlete and the school. Violations will be handled according to the procedures outlined in this handbook. Remember, your commitment is not just to one person, it is to an entire team, so before committing, know what you are saying yes to.

**<u>Rest</u>**: Athletes will be expected to maintain regular hours and to restrict outside activities so that their physical performances will not be hampered in any way by improper rest.

**Injuries**: Injuries should not be neglected under any circumstances, regardless of how minor. Proper reporting of injuries to the coach is necessary for proper care. In addition, the athlete is obligated to report all injuries to the School Nurse as soon as possible for insurance purposes.

**Concussion**: Any athlete suspected of suffering a concussion should be removed from the contest 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 assistance. A student athlete who has been removed from an interscholastic contest for possible concussion or head injury may not return to that contest unless cleared to do so by a physician or certified athletic trainer. If not cleared to return to that contest, the student athlete may not return to play or practice until cleared *in writing* by a medical professional. At which time, the student athlete will follow *IHSA RTP/RTL* policy.

**Tobacco-Alcohol-Drugs-Look Alike Drugs- Drug Paraphernalia:** Use of tobacco, alcohol, and/or illegal or non-prescription drugs at any time is strictly prohibited and will result in automatic violation of the Athletic Code of Conduct.

**Behavior:** Students must follow the rules/expectations set forth in the WHS Handbook. Habitual referrals/detentions or a serious breach of the student code of conduct will result in suspension from athletic participation. The amount of time will be based on the nature of the infraction. This will be determined by the School's Administration, the Athletic Director and the Coach.

**Random Drug and Alcohol Testing:** Students participating in any extra-curricular activity or sport are subject to random drug and alcohol testing at any time.

**Sportsmanlike Conduct for Athletes:** All students are expected to demonstrate sportsmanlike conduct throughout the entire contest or event. Disciplinary action will be taken for any of the following violations: verbal abuse of officials, contestants, or spectators, intimidation or acts that may jeopardize the health, safety, and welfare of school personnel, teammates, other players, or other students.

**Sportsmanlike Conduct for Spectators:** All spectators are expected to display a high standard of sportsmanship and respect for officials, contestants, or other spectators at both home and away contests. *See WCUSD school handbook for violations.* 

**Other Conduct Resulting in Consequences:** Falsifying a signature on parental consent forms, theft, vandalism, or repeated misbehavior during the school day.

<u>Care of Equipment:</u> The athletes will be furnished equipment which should be well-fitted and protective. They should make sure they have adequate equipment or should contact their coach

for replacement. They are expected to care for their own equipment which may mean laundering in some instances. They are also financially obligated for all equipment issued them; therefore, they should take every precaution to guard against loss or theft. The failure to return school equipment without a satisfactory explanation to school authorities may lead to criminal charges. Any student who fails to return their equipment will not be allowed to participate in another sport until the equipment has been returned. Each coach has the discretion to notify the head coach in the following sport of any athlete who has not met this requirement.

<u>**Travel to Games:**</u> All students are expected to ride to and from games on the school's bus/van unless they have permission from the Coach and/or Sponsor. If a Coach or Sponsor allows students to have alternative transportation after contests, a Parent/Guardian must sign their student out. If a student requires alternative transportation to or from the event, pre-approval must be obtained from the Principal/Superintendent.

**Dress in the Locker Rooms:** An athlete should show proper respect for any visitors in the dressing room. "Horseplay" can be dangerous and will not be tolerated at any time. Athletes should safeguard their equipment, clothing and valuables at all times.

<u>Academic Eligibility</u>: Students must maintain a "C" average and no more than one failing grade to remain eligible to participate in the group's contest or activity. Grades will be checked on Friday mornings at 8:30 a.m. The grading period will end on Thursday. Eligibility to participate will run from Sunday morning through Saturday night. Students will be given a 10-day grace period at the beginning of each quarter.

Insurance: (For SPORTS) It is mandatory for any student participating in interscholastic athletics to provide proof of health insurance (e.g. private health insurance, Medicaid coverage, school accident insurance) before participating in district extra-curricular activities. Participation in school district sporting events will *not* be allowed until proof of primary insurance is provided. For those students participating in S-V-W football, see Sesser-Valier insurance policy requirements.

# **AUTOMATIC VIOLATION OF THE ATHLETIC CODE AND CONSEQUENCES**

Waltonville Community Unit School District students will follow the athletic code and consequences set forth by the Waltonville CUSD Board of Education even while participating in co-op sports with Sesser-Valier. All students will further be expected to follow the policies and procedures set forth by each school while participating in their sports program.

The following rules are automatic violations of the Code of Conduct and consequences will apply.

- Use or possession of all forms of tobacco, vapes, e-cigs and tobacco products by a student-athlete or participant.
- Use or possession of alcohol, drugs, drug paraphernalia, or look alike drugs by a student or participant.
- > Participation in criminal activity resulting in arrest.

<u>First Offense</u>- Suspension from the Athletic/Extra-Curricular Program for 10% of Sports Season to occur immediately. If less than 10% of the season remains, the consequence will conclude during the next season in which the student participates. If a student is participating in more than one extracurricular activity, the student will be suspended for 10% of each activity. *Students may continue to practice during the suspension and/or try out for a sport in the event the suspension takes place at the start of a school year.* 

<u>Second Offense</u>- Suspension from the Athletic/Extra-Curricular Program for 40% of a Sports Season to occur immediately. If less than 40% of the season remains, the consequence will conclude during the next season in which the student participates. If a student is participating in more than one extracurricular activity, the student will be suspended for 40% of each activity. *Students may continue to practice during the suspension and/or try out for a sport (with approval from the coach) in the event the suspension takes place at the start of a school year.* 

<u>Third Offense</u>- Suspension from Athletic/Extra-Curricular Program participation for one calendar year from the date of the infraction.

By no means does this handbook address or foresee all types of disciplinary problems that may arise during the school year. Therefore, in those offenses in which an athlete or activity participant may get involved in which the penalties are not specifically addressed in this handbook, will be at the discretion of the Superintendent in consultation with the Athletic Director or Activity Sponsor. Each Coach/Sponsor has the prerogative of establishing additional rules pertaining to his or her activity. These rules may include attendance at practices, detentions, curfew, dress and general conduct of participants during practices, contests and trips.

Athletes removed from Sports teams for any reason (this includes quitting), are not allowed to go out for any other sport until the sport they were removed from (or quit) is completed. This includes open gym, work outs, weight-lifting, etc.

# **IMPORTANT INFORMATION FOR ALL ATHLETES**

**<u>RECRUTING BY COLLEGES</u>**: There will be occasions when the athlete is approached by college scouts in efforts to recruit for a particular school. The coach can offer valuable assistance in counseling as to a college which might best fit the needs and abilities of the athlete. **Student-Athletes that are interested in competing in College Athletics must sign up with the NCAA Eligibility Center.** (*Stop by the Guidance Counseling for assistance*)

<u>COLLEGE SIGNINGS AND VISITS</u>: All official visits and signings will be scheduled through the Athletic Director. In addition, since Waltonville and Sesser-Valier Co-Op sports (listed earlier in the packet), the host school of each sport is in charge of scheduling and hosting the visit and/or signing.

#### **REQUIREMENTS BEFORE PARTICIPATION IN ATHLETICS:**

All forms must be signed and will be kept on file for the entire school year.

- Assumption of Risk and Release for Athletic Participation
  - $\circ$   $\,$  Consent for Participation and Assumption of Risk  $\,$
  - Consent to Treat
  - Consent to Transport
  - Consent for Random Drug and Alcohol Testing
- IHSA Acknowledgement and Consent
- Copy of Insurance (Student Provided)
- Sports Physical (Student Provided)

# **Spartan Loyalty**

Cheer, Cheer for old Waltonville Wake up the echoes cheering your name Send a volley cheer on high Shakedown the thunder from the sky What though the odds be great or small Old Waltonville will win over all Now our loyal sons go marching onward to victory!

#### ASSUMPTION OF RISKS AND RELEASE FOR ATHLETIC PARTICIPATION WCUSD #1 2020-21

Name of Student	Birthdate Gra	ade Student Cell (HS only)
has permission to participate in t	he following this school year (C	Check all that <i>may</i> apply):
[ ] Basketball	[] Baseball	[ ] Cheerleading
[] Football	[ ] Softball	[ ] Track
[ ] Volleyball	[ ] Golf	[ ] Cross Country
[ ] Scholar Bowl	[ ] Bass Fishing	[ ] Extra-Curricular Club

I hereby ASSUME ALL THE RISKS OF INJURY OR DEATH associated with athletic participation in the sports circled. I hereby RELEASE Waltonville Community Unit 1 School District, its employees, agents, representatives, coaches and volunteers from liability for all personal injuries which may be incurred by participation in the sports marked above. This form shall also serve as an ASSUMPTION OF RISKS AND A RELEASE for my heirs, estate, and for all members of my family resulting from any negligence in connection with participation in the School District's sports program. I agree if any of this ASSUMPTION OF RISKS AND RELEASE FORM is held void, the remainder shall continue in full force and effect.

#### **EMERGENCY INFORMATION**

Parent/Guardian Name 1	Phone	
Parent/Guardian Name 2	Phone	
Address	City/State/Zip	
Work/Message phone	_	
Medical Insurance Co	Policy Number	
Name of Physician to be called for emergency	Phone	
Date of last physical examination Blo	ood type if known	
Allergies or medical conditions to be aware of		
Has an EPI-PEN been prescribed by a physician?		

Person to contact if you cannot be reached in an emergency:

Name	Relationship
Phone	Address

#### CONSENT FOR PARTICIPATION AND ASSUMPTION OF RISK

Participation in athletics is a voluntary, extracurricular activity. Participation in any activity may involve the risk of serious permanent injury of some type. Such an injury can include direct physical and possible crippling, injury to one's body and the possibilities of emotional injury experienced as a result of witnessing or actually inflicting injury to another person. The severity of such injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury, such as complete paralysis, or even death. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life. The use of transportation provided or arranged by the school district to and from athletic events and other related activities also involves the risk of injury or death.

It is the responsibility of the student or his/her parents to provide appropriate insurance. Proof of insurance must be provided before participation in WCUSD1 sports program is allowed. WCUSD1 does provide a basic, supplemental student accident insurance plan for my child and that plan covers only school time and school sponsored activities. (FOOTBALL- SEE S-V Insurance Information).

I further understand that by agreeing to participate also means I will abide by the rules and procedures of the Athletic & Extra-Curricular and WCUSD#1 handbooks.

- [ ] Agree to Consent for Participation and Assumption of Risk
- [ ] Decline Consent for Participation and Assumption of Risk

Student SignaturedateParent/Guardian Signaturedate

#### **CONSENT TO TREAT**

In the event that athletic injury or illness should occur to the below named student athlete while participating in a sanctioned athletic activity at Waltonville CUSD1, I give my permission for the student athlete to receive proper/necessary care from a certified/licensed athletic trainer, physician, or other health care individual when they are available. Furthermore, in the event that a medical emergency should occur and the parent/guardian cannot be contacted, I give my permission for the school to arrange for ambulance service to the nearest medical facility. I also give permission for the staff of a medical facility to render treatment, which is considered necessary, for the student athlete's well-being and health.

[ ] Agree to Consent to Treat

[ ] Decline Consent to Treat

Student Name (Print)

date

#### **CONSENT TO TRANSPORT**

I give permission for my child to be transported to Waltonville CUSD1 events by district vehicles, including overnight district sponsored activities. In the event that transportation is not provided (i.e. co-op sports), I understand it is my responsibility to transport my child. If my child drives his/her own vehicle, the owner of the vehicle must carry bodily injury insurance coverage. The Waltonville Community Unit School District's insurance does not cover damages arising from, or related to, the operation of any private vehicle, failure to follow all applicable laws regarding driving a motor vehicle. Any damages/harm resulting from a student driver, arising from the operation of a motor vehicle is hereby waived from the Waltonville CUSD1.

[ ] Agree to Consent to Transport

[ ] Decline Consent to Transport

Student Name (Print)

Parent/Guardian Signature

date

#### CONSENT FOR RANDOM DRUG AND ALCOHOL TESTING

I understand fully that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by the Waltonville Community Unit School District Board of Education and the Sponsors/Coaches for the activity in which I participate.

I authorize WCUSD to conduct tests for drug and alcohol use pursuant to the adopted school policy. I also authorize the release of information concerning the results of such tests to the Superintendent, Principal or their designee to be used in accordance with adopted Waltonville Community Unit School District Policy.

I understand that I may also be randomly tested throughout the remainder of the school year.

Student Name (Print)

Parent/Guardian Name (Print)

Student Signature

date

Parent/Guardian Signature

date



# **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, <u>all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.</u> 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 fo	ollowing:
<ul> <li>Headaches</li> <li>"Pressure in head"</li> <li>Nausea or vomiting</li> <li>Neck pain</li> <li>Balance problems or dizziness</li> <li>Blurred, double, or fuzzy vision</li> <li>Sensitivity to light or noise</li> <li>Feeling sluggish or slowed down</li> <li>Feeling foggy or groggy</li> <li>Drowsiness</li> <li>Change in sleep patterns</li> </ul>	<ul> <li>Amnesia</li> <li>"Don't feel right"</li> <li>Fatigue or low energy</li> <li>Sadness</li> <li>Nervousness or anxiety</li> <li>Irritability</li> <li>More emotional</li> <li>Confusion</li> <li>Concentration or memory problems (forgetting game plays)</li> <li>Repeating the same question/comment</li> </ul>

#### 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



**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. The Youth Sports Concussion Safety Act requires athletes to complete the Return to Play (RTP) protocols for their school 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.

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/

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport Document created 7/1/2011 Reviewed 4/24/2013, 7/16/2015, July 2017



# **IHSA Performance-Enhancing Substance Policy**

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Policy. A full copy of the policy 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 policy implementation in the IHSA Schools Center.

As a prerequisite to participation in IHSA athletic activities, we have reviewed the policy agree that I/our student will not use performance-enhancing substances as defined by the policy. We understand that failure to follow the policy could result in penalties being assigned to me/our student either by the my/our student's school or the IHSA.

IHSA PES Policy http://www.ihsa.org/documents/sportsMedicine/2017-18/2017-18 PES policy.pdf

IHSA Banned Drug Classes http://www.ihsa.org/documents/sportsMedicine/current/IHSA Banned Drugs.pdf



This page left blank intentionally.



# 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 Substance 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 selfadminister 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.

1	E SA
A.	
	ILLIHOIS FICE SCHOOL ASSOCIATION

.4

Pre-participation Examination



plated by athlata ar -

Name Last First		М	idie		
Address			City/State		
Phone No Birthdat	e		ge Class Student ID No		
Parent's Name			Phone No		
Address			City/State		
HISTORY FORM					
Medicines and Allergies: Please list all of the prescription	and over-the-cou	nter med	cines and supplements (herbal and nutritional) that you are currently taking		
Do you have any allergies?	Pollens		ific allergy below.		
Explain "Yes" answers below. Circle questions you don' GENERAL QUESTIONS	the state of the s	rs to.	MEDICAL QUESTIONS	Yes	No
<ol> <li>Has a doctor ever denied or restricted your participatic</li> </ol>		1104	26. Do you cough, wheeze, or have difficulty breathing during or after	165	140
for any reason?			exercise?		
2. Do you have any ongoing medical conditions? If so, ple	ase identify		27. Have you ever used an inhaler or taken asthma medicine?		
below:  Asthma  Anemia  Diabetes  Infections Other:			28. Is there anyone in your family who has asthma?		
<ol> <li>Have you ever spent the night in the hospital?</li> </ol>		-	29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
<ol> <li>Have you ever had surgery?</li> </ol>			30. Do you have groin pain or a painful bulge or hernia in the groin		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	area?		
<ol> <li>Have you ever passed out or nearly passed out DURING exercise?</li> </ol>	G or AFTER		<ol> <li>Have you had infectious mononucleosis (mono) within the last month?</li> </ol>		
6. Have you ever had discomfort, pain, tightness, or press	sure in your		32. Do you have any rashes, pressure sores, or other skin problems?		1
chest during exercise?	A durtar 1	_	33. Have you had a herpes or MRSA skin infection?		-
<ol><li>Does your heart ever race or skip beats (irregular beats exercise?</li></ol>	s) auring	•	<ol> <li>Have you ever had a head injury or concussion?</li> <li>Have you ever had a hit or blow to the head that caused</li> </ol>		
<ol> <li>8. Has a doctor ever told you that you have any heart pro</li> </ol>	blems? If		confusion, prolonged headache, or memory problems?		
so, check all that apply: 🗆 High blood pressure 🗆 A he			36. Do vou have a history of seizure disorder?		+
🗆 High cholesterol 🗆 A heart infection 🗆 Kawasaki dis	sease		37. Do you have headaches with exercise?		
Other:			38. Have you ever had numbness, tingling, or weakness in your arms		
<ol> <li>Has a doctor ever ordered a test for your heart? (For e ECG/EKG, echocardiogram)</li> </ol>	xample,		or legs after being hit or falling? 39. Have you ever been unable to move your arms or legs after being		-
10. Do you get lightheaded or feel more short of breath th	an		hit or falling?		
expected during exercise?			40. Have you ever become ill while exercising in the heat?		
11. Have you ever had an unexplained seizure?			41. Do you get frequent muscle cramps when exercising?		
<ol> <li>Do you get more tired or short of breath more quickly friends during exercise?</li> </ol>	than your		42. Do you or someone in your family have sickle cell trait or disease?		-
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	<ol> <li>Have you had any problems with your eyes or vision?</li> <li>Have you had any eye injuries?</li> </ol>		
13. Has any family member or relative died of heart proble		1	45. Do you wear glasses or contact lenses?		+
an unexpected or unexplained sudden death before ag			46. Do you wear protective eyewear, such as goggles or a face shield?		+
(including drowning, unexplained car accident, or sude	den infant		47. Do you worry about your weight?		1
death syndrome)? 14. Does anyone in your family have hypertrophic cardiom	avonathy		48. Are you trying to or has anyone recommended that you gain or		
Marfan syndrome, arrhythmogenic right ventricular	iyopoury,		lose weight?		
cardiomyopathy, long QT syndrome, short QT syndron	ne, Brugada		<ul><li>49. Are you on a special diet or do you avoid certain types of foods?</li><li>50. Have you ever had an eating disorder?</li></ul>		
syndrome, or catecholaminergic polymorphic ventricu	lar		51. Have you or any family member or relative been diagnosed with		+
tachycardia? 15. Does anyone in your family have a heart problem, pac			cancer?		
implanted defibrillator?	emaker, or		52. Do you have any concerns that you would like to discuss with a		1
16. Has anyone in your family had unexplained fainting, up	nexplained		doctor?		
seizures, or near drowning?			FEMALES ONLY 53. Have you ever had a menstrual period?	Yes	N
BONE AND JOINT QUESTIONS	Contract and a sub-state of the same state of the sub-state of the	No	53. Have you ever had a menstrual period r 54. How old were you when you had your first menstrual period?		+
<ol> <li>Have you ever had an injury to a bone, muscle, ligame tendon that caused you to miss a practice or a game?</li> </ol>	nt, or		55. How many periods have you had in the last 12 months?		+-
18. Have you ever had any broken or fractured bones or d	lislocated		Explain "yes" answers here		
joints? 19. Have you ever had an injury that required x-rays, MRI,	CT scan.				
injections, therapy, a brace, a cast, or crutches?					
20. Have you ever had a stress fracture?					
21. Have you ever been told that you have or have you ha					
for neck instability or atlantoaxial instability? (Down st	yndrome or				
dwarfism)					
<ol> <li>Do you regularly use a brace, orthotics, or other assist</li> <li>Do you have a bone, muscle, or joint injury that bother</li> </ol>					
<ol> <li>24. Do any of your joints become painful, swollen, feel was</li> </ol>					
red?					
25. Do you have any history of juvenile arthritis or connect	tive tissue				

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

disease?



# Pre-participation Examination



PHYSICAL EX	AMINATION	FORM				N	lame							and the second se
								ast		First				Middle
EXAMINATIO	Network	and the start hollows are	(K. 38)	2011 - 10 - 10 - 10 - 10 - 10 - 10 - 10				ie, Nitio			$\left[ \left( \left( x_{i}^{2}, \frac{1}{2}\right) \right) \right] = \left[ \left( \left( x_{i}^{2}, \frac{1}{2}\right) \right] = \left[ \left( \left( x_{i}^{2}, \frac{1}{2}\right) \right) \right] = \left[ \left( \left( x_{i}^{2}, \frac{1}{2}\right) \right] = \left[ \left( \left( x_{i}^{2}, \frac{1}{2}\right) \right] = \left[ \left( x_{i}^{2}, \frac{1}$	Perrovali I	a The second	12 - C. C. C. C. C.
Height	,	Weight				🗋 Male	Female	e						
BP / MEDICAL	1.4.4.7%.5%.0001.1.1.	l 2000 to Service	)	Pulse		Vision	R 20/		L 20/		rected		ΠN	
	and any series of		109 (F) (NA			and the second		1421	NORMAL	ABNORMAL	FINDING	iS 👘		
Appearance	mana (la mba	!	L • 1	1 1 1		222								
• Marian Sug		scollosis,	nign-ai	ched palate, p	pectus exca	avatum,			×					
Eyes/ears/no:	civity, ann spa	au > neißu	it, nype	erlaxity, myopi	a, IVIVP, ac	Insuti	iciency)		-					
<ul> <li>Pupils equal</li> </ul>														
<ul> <li>Hearing</li> </ul>	11													
Lymph nodes														
Heart *														
<ul> <li>Murmurs (a)</li> </ul>		tonding	sunina											
<ul> <li>Location of</li> </ul>	noint of max	vimal impl	ulso (P)											
Pulses	point of max	unar inpu	lise (FI	VII)										
<ul> <li>Simultanec</li> </ul>	us femoral a	nd radial	nulcos											
Lungs			puises											
Abdomen														
Genitourinary	(males only)	b												
Skin	(marco omy)													
• HSV, lesion:	s suggestive (	of MRSA.	tinea c	orporis										
Neurologic <sup>c</sup>														
MUSCULOSKE	LETAL						a di sana			· 注意::::::::::::::::::::::::::::::::::::	1- 1	STURBER OF	and the second	Contraction and a second
Neck					and the second second	enson e surrais		and a start				等于同时		
Back														
Shoulder/arm														
Elbow/forearr	n			•		-								
Wrist/hand/fir	ngers													
Hip/thigh														
Knee														
Leg/Ankle														
Foot/toes														
Functional														
<ul> <li>Duck-walk,</li> </ul>	single leg hop	c												
Consider ECG, ashes														

Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider GU exam if in private setting. Having third party present is recommended. Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes No Limited Examination Date

Additional Comments:

Physician's Name	Physician's Name			
PA's Name				
ANP's Name				
	PA's Name			

HSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.