

Fall Sports Sign Up Form
Open to 2020-2021 5th-8th Graders
Girl's Soccer Coach – Coach Helmig
Boy's Soccer Coach – Coach McKenna
Cross Country Coach – Coach Isham

You must attach a copy of your child's physical with immunizations to the signup form and athletic paperwork. If we do not have a current physical in hand, they will not be allowed to participate.

Soccer tryouts will begin on or around the date of 9/8.

Cross Country practices will begin on 9/10.

More information will be provided through email from the coaches as the schedules are created.

Fall Sport Signups – PLEASE PRINT NEATLY!

Student Name: _____

Phone # _____

Email address: _____

Sport: _____

I give my son/daughter _____ permission to tryout for the middle school team. I recognize that there are inherent risks associated with sport play that could result in injury. I understand that my child must have a current physical **(which is attached)** and must remain academically eligible (see student handbook for policy) to play on the team. If my child becomes a member of the school team, I agree to return the uniform or be responsible for the replacement cost of the uniform.

Parent Signature: _____

Date: _____

Henry W. Moore School
Athletic Contract
2020-2021

These guidelines have been developed to ensure that athletes and parents/guardians understand the expectations placed upon athletes at Henry W. Moore School. These guidelines will help ensure a positive and fulfilling experience for our athletes. If parents/guardians or students have any questions or concerns regarding these guidelines, please feel free to discuss them with the coach or contact the athletic director.

Philosophy: We feel the athletic program at Henry W. Moore School is a part of the overall educational process of our students. The aim of the athletic program here is not only to develop better skilled athletes, but to develop citizens who have an appreciation for values such as sportsmanship, healthy lifestyle, and academic achievement.

1. All athletes will receive a contract, which will outline all rules and regulations pertaining to their participation on the Henry W. Moore School team. The athlete and parent must sign the contract and forms that accompany it and give it to the coach prior to or on the first practice date.

****Note:** Any injured student excused from practice for three or more days while under a physician's care must provide a written authorization from that physician in order to resume practice.

2. All students will be expected to be academically eligible to participate in any sports program. Academic progress checks will be conducted every two weeks throughout the season.

**** Due to the shortened season there will be only **ONE** progress check for the fall: **October 5th****

- a. At the time of the progress checks, if an athlete has a failing grade in any class, s/he will be placed on academic probation for two weeks. **They will not be allowed to play or practice until they are passing all classes.**
- b. If at the end of the probation period, a student not passing all classes may be removed from the team.

3. Athletes shall attend all practices and games unless they have a valid written excuse.

a. Detention, non-attendance, and extreme tardiness without notification to the coach will be considered as cuts from practice/games.

****Once an athlete has two or more cuts from practice/games, he/she may be suspended from the team for a period of time.**

b. If a student has a detention, in-school or out-of-school suspension on the day of a game or practice, he/she may not participate in the game/practice.

c. At the discretion of the administration and the athletic director, students who have accrued several detentions in a marking period may be suspended from the team.

d. Unless a student has a legitimate excuse, he/she must be in attendance at school on the day of a game or practice, from opening bell to 11:00 am or from 11:00-2:00. The latter will be determined by the administration.

4. It is strongly recommended that parents/guardians, of any participating student(s) in interscholastic sports activities, secure proper insurance.

5. Students are expected to present themselves with integrity and sportsmanship at all times while participating on our interscholastic sports programs.

6. See the School Handbook for more information regarding regulations and sport participation.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Candia School District

Assumption of Risk and Medical Clearance & Release,

Waiver of Liability, and Hold Harmless Agreement

For Participation in Athletics

Assumption of Risk and Medical Clearance:

As the parent/ legal guardian I authorize my child's full participation in sports through Henry W. Moore School programs. I understand that injuries/illnesses, severe, minor, or causing permanent damage or even death can occur as a result of my child's participation in this program. I also understand that my child's participation in sports may expose my child to COVID-19 or other infectious diseases. I assume the risk and covenant not to sue the Candia School District, its Boards, officers, employees, volunteers, agents and representatives for my child's participation in sports through Henry W. Moore School. This assumption of risk includes my child's participation in the program and or while upon the premises on or off school grounds where the activity is being conducted. My child is covered with family insurance in the event of an accident, injury, or illness. I attest my son/daughter is in good health and has no restrictions for participation in sports including any symptoms related to COVID-19. I agree that if my child experiences any symptoms related to COVID-19, including cough, shortness of breath or difficulty breathing, nasal congestion, fatigue, fever, chills, muscle aches, headaches, sore throat, nausea or vomiting, diarrhea, and/or loss of taste or smell, my child will not participate in activities until their symptoms have cleared and they produce a negative test for COVID-19.

Release, Waiver of Liability, and Hold Harmless Agreement

In consideration for my child's participation in sports through Henry W. Moore School Programs, I, for myself and on behalf of my minor child, agree to forever release, discharge, and hold harmless the Candia School District, SAU 15 and their respective Boards, officers, employees, volunteers, agents and representatives (together the "Released Parties") from, and agree not to sue for any and all liability or claims I or my child may have for any causes of action, liability, losses, or damages arising or resulting from property damage and loss, personal injury, emotional distress, illness, disability, or death, related to my child's participation in sports, including participation during the COVID-19 pandemic. This release is for any type of claim, including breach of contract, negligence, fraud, or any other type of suit and includes losses alleged to be caused by the negligence of the Released Parties, to the fullest extent permitted by law.

Athlete Responsibility:

I agree to follow all instructions and procedures given by the instructors in order to maintain a maximum level of safety. I understand the Candia School District is not responsible for any loss of personal effects brought to comp. To assure safety, personal listening devices are not permitted. (ear pods, phones etc.)

Release Waiver for COVID-19

I agree and understand there are specific guidelines in place in order to participated in sports and understand these guidelines do not prevent athletes from contracting or coming in contact with someone who has COVID-19.

Student-Athlete Name: _____ Signature: _____ Date: _____

Parent Name: _____ Signature: _____ Date: _____

*No student-athlete will be allowed to participate until this form is returned to the coach.

Student Name: _____ Last First _____ DOB _____

Address: _____ Home Tel #: _____

Parent/Legal Guardian Information

Name: _____ Relationship _____ Tel#: _____

Name: _____ Relationship _____ Tel#: _____

List nearby people who have agreed to assume temporary responsibility of your child if you cannot be reached:

Name: _____ Tel#: _____

Address: _____

Name: _____ Tel#: _____

Address: _____

Student lives with: ___ both parents ___ Mother ___ Father ___ Other

Best phone # to reach parent(s): _____

Health Insurance Company _____ Policy #: _____

Illnesses or operations since last year (detail/date): _____

Medical conditions: _____

Allergies (please list): _____

Physical disabilities and/or restrictions: _____

Other health/educational concerns: _____

Current medications (please list): _____

Physician: _____ **Tel #:** _____

Dentist: _____ **Tel #:** _____

Hospital: _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact the physician indicated and follow the prescribed instructions or make whatever arrangements seem necessary for the health and safety of my child, including treatment at a local emergency room.

I will contact the coach to inform them of any changes.

Signature of parent/legal guardian: _____

Date: _____



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly 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 listed below after a bump, blow, or jolt to

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.

the head or body, s/he should be kept 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.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

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 not only does not diminish, but 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*)

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.*

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.

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

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.

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, or 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.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

2020-2021

Dear Parents/Guardians,

If you intend to take your son or daughter home after any away games or meets, we request that you complete the form below. **You must inform the coach** at the game that your child will not be going home on the bus prior to leaving.

This form will be kept on file for the entire the season and only needs to be completed once. Please let me know if you have any questions or concerns.

If they are traveling with an adult other than a parent it is recommended that it be a member of the same household or family cohort per the COVID 19 mitigation recommendations.

Thank you,
Shauna Isham
Athletic Director
sisham@sau15.net

Student Pick Up Form: 2020-2021

Date: _____

Child's name: _____

All Adults Permitted to Pick Up: _____

Signature: _____