

Sports Registration Packet

To play through the season students must remain academically eligible in ALL classes.

If we do not have a current physical with immunizations on file the child may not try out or participate.

Registration – PLEASE PRINT NEATLY!

Student Name: _____

Phone # _____

Parent Email address: _____

Sport : _____

I give my son/daughter _____ permission to play for the middle school _____ team. I understand that there are inherent risks of injury associated with playing any sport, that my child must have a current physical with immunizations, 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
2023-2024

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 throughout the season on given dates at 4:00 PM :
 - 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. **They will not be allowed to play or practice until they are passing all classes.** To be lifted from probation they can show the athletic director their current grades, or wait until the next progress check.
 - b. At the next progress check date, any student who is currently still on academic probation could 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 or suspensions 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 12:00 ppm or from 12:00-3:30 pm. 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 in our interscholastic sports programs.
6. See the School Handbook for more information regarding regulations and sport participation.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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: _____

Henry W. Moore School
Student Pick Up Form
School Year 2023-2024

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 season and only needs to be completed once. Please let me know if you have any questions or concerns.

Thank you,

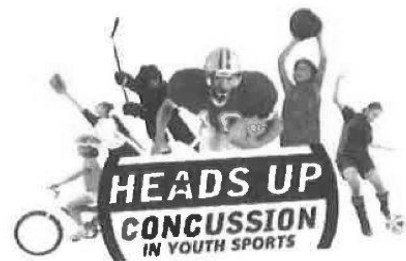
Student Pick Up Form: 2023-2024

Date: _____

Child's name: _____

All Adults Permitted to Pick Up: _____

Signature: _____



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