

## Heads Up: Concussion in High School and Middle School Sports

### A Fact Sheet for Parents

- [What is a concussion?](#)

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even a “ding” or a bump on the head can be serious.

- [What are the signs and symptoms of concussion?](#)

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or can take days or weeks to appear. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, see medical attention right away.

Signs Observed by Coaching Staff	Signs Reported by Athlete	Signs Observed by Parent(s)
Appears dazed or stunned	Headache	Appears dazed or stunned
Is confused about assignment	Nausea	Appears confused
Forgets plays	Balance problems or dizziness	Forgets known items
Is unsure of game, score, or opponent	Double or fuzzy vision	Is unsure of name, usual surroundings
Moves clumsily	Sensitive to light or noise	Moves clumsily
Answers questions slowly	Feeling sluggish	Answers questions slowly
Loses consciousness	Feeling foggy or groggy	Loses consciousness
Shows behavior or personality changes	Concentration of memory problems	Shows behavior or personality changes
Can't recall events prior to hit on the head	Confusion	Can't recall events prior to hit on the head
Can't recall events after the hit on the head		Can't recall events after the hit on the head

- [What should you do if you think your child has a concussion?](#)

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Athletes who return to play too soon--- when the brain is still healing--- risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell all of your child's coaches and the school athletic trainer about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coaches may not know about a concussion your child received in another sport or activity unless you tell them. Knowing about the concussion will allow the coach to keep your child from activities that could result in another concussion.
4. **Remind your child.** It's better to miss one game than the whole season.

**WHEN IN DOUBT, SIT THEM OUT!**

This information adapted from the Centers of Disease Control and Prevention and the National Center for Injury Prevention and Control

## Heads Up: Concussion in High School and Middle School Sports

### A Fact Sheet for Student-Athletes

- What is a concussion?

A concussion is a brain injury that:

Is caused by a bump, blow, or jolt to the head.
Can change the way your brain normally works.
Can range from mild to severe.
Can occur during practices or games in any sport.
Can happen even if you haven't been knocked out.
Can be serious even if you're just been "dinged" or had your "bell rung."

- How can I prevent a concussion?

It's different for every sport. But there are steps you can take to protect yourself from concussion:

Follow your coach's rules for safety and the rules of the sport.
Practice good sportsmanship at all times.
Use the proper sports equipment, including personal protection equipment (such as helmets in baseball, softball, and football). In order for the equipment to protect you, it must
1. Be appropriate for the game, position, and activity.
2. Be well maintained.
3. Properly fitted.
4. Used every time you play.

- How do I know if I've had a concussion?

You can't see a concussion, but you might notice some of the symptoms right away. Pay attention to how you are feeling after any bump, blow, or jolt to the head.
If you notice any of the symptoms, tell your parents, coach, and school athletic trainer right away.
Other symptoms of a concussion can show up days or weeks after the injury.
It's best to see a health care professional if you think you might have a concussion. An undiagnosed concussion can affect your ability to do schoolwork, other everyday activities, as well as your athletic play. An undiagnosed concussion also raises your risk for additional, serious injury.

- What are the symptoms of a concussion?

Nausea (feeling like you might vomit)
Balance problems or dizziness
Double or fuzzy vision
Sensitivity to light or noise
Headache
Feeling sluggish
Feeling foggy or groggy
Concentration or memory problems (such as forgetting plays)
Confusion

- What should I do if I think I have a concussion?

Tell your coaches, parents, and school athletic trainer
Never ignore a bump, blow, or jolt to the head
Get a medical check-up. A health care professional can tell you if you have had a concussion and when you are OK to return to play.
Give yourself time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause permanent brain damage, and even death in rare cases. Severe brain damage can change your whole life.
Tell your coaches and the school athletic trainer if one of your teammates might have a concussion.

**AS A REMINDER, ALWAYS REPORT ANY INJURY TO YOUR COACH AND SCHOOL ATHLETIC TRAINER RIGHT AWAY.**

**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON. TAKE CARE OF YOURSELF AND ENJOY YOUR PARTICIPATION IN ATHLETICS.**

**WHEN IN DOUBT, SIT THEM OUT!**

This information adapted from the Centers of Disease Control and Prevention and the National Center for Injury Prevention and Control

## Controlling Illness and Infections

As you may be aware, there has been considerable attention given to the drug resistant strain of staphylococcus (staph) known as MRSA. Staph is one of several health issues to which athletes, coaches and trainers must pay attention. Other health issues common in athletics are tinea pedis ("athlete's foot"), tinea cruris ("jock itch") and tinea corporis or tinea capitis ("ringworm"). We must take appropriate steps to prevent these health issues from preventing athletic participation. While our custodial staff, coaches and certified athletic trainers have been directed to address these health issues as part of their job responsibilities, there are also interventions that can be implemented by the athletes.

### ***The key to controlling illness and infections is prevention.***

Millard Public Schools health and athletic officials are recommending the following guidelines to athletes and their parents to help prevent illness and infections from affecting athletic participation. Efforts that athletes and parents can take may seem daunting, but these common sense precautions can help reduce the risk to athletes:

- ✓ ***Wash and dry all athletic clothing after each use.*** Clothing should be laundered in hot water with antiviral soaps or chlorine bleach.
- ✓ ***Do not use the same bag to transport dirty clothing used after practices and games that you use to bring clean clothing to school.*** The dirty clothing transported in the bag may contaminate the bag, which then might contaminate the clean clothing placed in that bag.
- ✓ ***Wash hands frequently with soap and water.*** Careful hand washing remains the best defense against germs. Scrub hands briskly for at least 15 seconds, and then dry them with a disposable towel.
- ✓ ***Do not share personal items*** --- towels, clothing, soap, deodorant, razors, etc.
- ✓ ***Keep cuts and abrasions clean and covered until well healed.*** This should be done immediately after a cut or abrasion occurs, using clean and sterile dressing to cover the wound. Always apply antiseptics to the dressing, not to the cut or abrasion, before covering the cut or abrasion.
- ✓ ***Clean your gear with a disinfectant cleaner after every use.*** This would include items such as wrestling headgear and shoes, football helmets and shoulder pads, etc.
- ✓ ***Shower immediately after every practice and game.*** Use a liquid antibacterial soap if possible. Do not share soap or towels with other athletes and be sure to use a clean towel after each shower.
- ✓ ***Check your skin frequently (everyday) for cuts, abrasions, and lesions.*** This includes areas that you cannot readily see, such as the back of the neck and the back of your upper body. Notify your parents, coach, and certified athletic trainer about any skin sores.

Millard Public Schools is committed to maintain a safe and healthy environment for your athletes. The training rooms, locker rooms, showers and wrestling rooms are cleaned and disinfected daily. During the wrestling season the mats are cleaned and disinfected before and after practices and matches. Showers are available for use by the athletes. Athletes have daily access to a certified athletic trainer. The well being of our athletes is our primary concern. Please know that we are taking all necessary precautions at our schools. If you have concerns about the cuts, abrasions or other breaks in the skin of your child, please consult the certified athletic trainer at your school and/or your physician.

Respectfully,

Nolan Beyer

Director of Activities and Athletics

Millard Public Schools

Bill Jelkin

Director of Pupil Services

Millard Public Schools

## Parent and Student Notification/Agreement Form Illegal Steroid Use

Nebraska state law prohibits possessing, selling, dispensing, or administering a steroid in a manner not allowed by state law.

Nebraska state law also provides that the increase of muscle mass, strength, or weight; or the improvement of physical appearance or performance in any form of sport through use of a steroid is not a valid medical purpose.

Nebraska state law requires that only a medical doctor may prescribe a steroid for a person.

Any violation of state law concerning steroids is punishable by long-term suspension, exclusion, or mandatory reassignment.

### HEALTH CONSEQUENCES ASSOCIATED WITH ANABOLIC STEROID ABUSE

(Source: National Institute on Drug Abuse)

- *In boys and men*, reduced sperm production, shrinking of the testicles, impotence, difficulty or pain in urinating, baldness, and irreversible breast enlargement (gynecomastia).
- *In girls and women*, development of more masculine characteristics, such as decreased breast size, deepening of the voice, excessive growth of body hair, and loss of scalp hair.
- *In adolescents of both genders*, premature termination of the adolescent growth spurt, so that for the rest of their lives abusers remain shorter than they would have been without the drugs.
- *In males and females of all ages*, potentially fatal liver cysts and liver cancer; blood clotting; cholesterol changes, and hypertension, each of which can promote heart attack and stroke; and acne. Although not all scientists agree, some interpret available evidence to show that anabolic steroid abuse- particularly in high doses- promotes aggression that can manifest itself as fighting, physical and sexual abuse, armed robbery, property crimes such as burglary and vandalism. Upon stopping anabolic steroids, some abusers may experience symptoms of depressed mood, fatigue, restlessness, loss of appetite, insomnia, headache, muscle and joint pain, and the desire to take more anabolic steroids.
- *In injectors*, infections resulting from the use of shared needles or non-sterile equipment, including HIV/AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can develop at the injection site, causing pain and abscess.

### Student Certification

I have read the above information and agree that a prerequisite of my participation in Millard Public School athletic activities is that I refrain from illegal steroid use. As a prerequisite to participation, I agree that I will not use illegal steroids. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by Millard Public Schools.

### Parent/Guardian Certification

I have read the above information and agree that a prerequisite of my student's participation in Millard Public School athletic activities is that my student refrains from illegal steroid use. I understand that failure to provide accurate and truthful information could subject my child to penalties as determined by Millard Public Schools.

## A Letter from the District Director of Activities and Athletics:

Welcome to the Millard Public Schools activities program. I would like to take a moment to explain a small part of how the athletic and activities programs are conducted at our high schools.

In each program, coaches and sponsors are responsible for team and/or program selection. The coaches and sponsors establish conditions for selection. This may be a very subjective process and any one of us might select different students for the team or program if we had the responsibility for selection. We believe, however, that it is the responsibility and right of the coaches and sponsors to select the members of the team or program with whom they will work for the season and/or event.

A key goal of any team or program is to use the best combination of students available, in the judgment of the coach or sponsor, to win the contest and/or have a successful event. Starting positions, playing time, and roles for a game or event are not guaranteed to any student. Some students may play a great amount of time in a game or receive a big role for an event while other students may not receive what you and/or they consider to be "significant" playing or performance time. We believe it is the responsibility and right of the coaches and sponsors to determine the time and/or role earned by each student during each game or event.

Every team and program wants to win or have a successful event and each coach or sponsor wants to win or have a successful event. In the attempt to win or have a successful event, coaches and sponsors will use different strategies at appropriate times. These strategies might differ with the decisions you might have made if you were the coach or sponsor. The coaches and sponsors do the best that they can to make the proper decisions at the proper time so that our groups perform well and win the game or have a successful event. We believe it is the responsibility and right of the coaches and sponsors to determine the strategies used during a game or event.

There may be times when you have a concern about your student's participation on our teams and/or in our programs. When these concerns arise, we ask that you use the following chain of communication to deal with the concerns:

- \***First:** Ask your student to talk with the coach or sponsor about the concerns.
- \***Second:** If the issues have not been resolved by the coach or sponsor and student, then the parent/legal guardian should request a meeting with the coach or sponsor outside of class time, practice time, and event time. The coach or sponsor may request that the student attend this meeting. Please take the time to talk directly with the coach or sponsor so that you get the coach's or sponsor's point of view directly.
- \***Third:** If these two steps have not succeeded, then the parent/legal guardian may request a meeting with the Assistant Principal for Activities at the high school/Activities Director at the middle school. The student, coach or sponsor will be included in this meeting.
- \***Fourth:** If resolution has not been achieved, the parent/legal guardian and student may request a meeting with the Principal, in which the coach or sponsor, parent, student and assistant principal will attend. We hope that the concerns can be addressed at the site level.
- \***Fifth:** If questions continue to exist, the parent/legal guardian may request a review by the District Director of Activities and Athletics. The District Director will review the steps taken and may hold a meeting in which the parent/guardian, student, coach, assistant principal and/or principal may be asked to attend.
- \***Sixth:** We would request that you initiate this chain of communication when you first believe a concern warrants communication with the school, for the sooner that we are aware of the concern, the sooner we can attempt to address the concern.
- \***NOTE:** Topics that will not be addressed by administrators in these meetings include playing time, game strategies, playing level, starters, student selection on teams, and comparison of students' skills. These are decisions properly made by and discussed with our coaches and sponsors, and we support the freedom of coaches or sponsors to make these types of decisions. We believe that by using this approach, most of the concerns can be addressed and resolved at the most appropriate level.

We want our parents to be active participants in the activities that your children choose to participate. Schools and programs may certainly ask for your financial support as well as your attendance at the activities. We want our parents to vocally support our teams and activities and all of the participants on our teams and in our activities. You play a crucial role, perhaps the crucial role, in the reputation of our schools' athletics and activities. We request that you welcome the coaches, student participants of the schools that visit our schools to participate in athletic and activity events. These events are not possible without these people. We request that you welcome and yes, even support, the officials for the events in which the students and coaches will participate. The officials are just as important to the events as are the student participants and coaches. We request that you welcome the fans of the schools that visit our schools for a game or event. The activities and the venues in which the activities occur should be enjoyable events and welcoming places so that all of the participants will want to return to our schools in order to participate and will welcome us when we visit their schools. We also request that you cheer for our teams and players rather to cheer against the opposing schools, their participants, and the officials. Again, you can choose to establish a positive example that will be the envy of other schools in Nebraska.

We want and need our parents to be active participants by attending parent meetings that our schools and coaches host. By attending these meetings, many of the questions that you may have about the school's activity program will be addressed, the coaching philosophies and team expectations of our coaches will be addressed, and you have an opportunity to directly ask questions to the leaders of our activities programs. You need to be comfortable with the programs in which your children will participate and attendance at these meetings often helps you develop and enhance that comfort level.

As mentioned earlier in this letter, we hope that if you have a concern about your child's participation in an activity, you will follow the chain of communication to voice the concern. At this time let's address a somewhat touchy subject--- the anonymous letter, e-mail, and/or voice mail to voice a concern. Activity directors often receive anonymous letters from parents and community members to address a concern about a coach and/or about an activity program. What we will attempt to explain is the view that often accompanies these messages from those who receive the messages. In many professional settings, anonymous messages are often viewed as lacking credence; in other words, these messages are often taken with a huge grain of salt. Anonymous messages give the administrator the power to determine the accuracy and validity of the complaint. The anonymous messenger often believes that the administrator will, without hesitation, agree with complaints; however, that messenger cannot be sure about this agreement. We hope that if you have a concern, any concern, that you will demonstrate the courage to identify yourself as well as the concern. This allows the following to occur: 1) to determine the validity of the complaint and to ensure that we understand the concerns expressed by communicating with you, 2) to determine whether or not there is already a solution, policy, or procedure that covers the concern and to have an opportunity to explain this to the person seeking an answer, 3) to seek additional information in order to determine what action may or may not be appropriate, and perhaps most importantly, 4) to directly communicate what actions will or will not take place to address the expressed concern. While you may not agree with the opinions and/or actions that are taken, you will have the opportunity to know what those actions and/or opinions are. We hope that if you have a concern, you will provide us with the opportunity to address the concern and communicate with you what actions we did or did not take. We welcome the opportunity to communicate with you.

By being a parent/legal guardian and student in an activity, regardless of the time spent in the game or event, you can learn many valuable lessons. These lessons include, but are not limited to, accepting the role you are assigned, demonstrating good sportsmanship, appreciating good effort by any of the participants, respecting all participants, working for a greater role, practicing self-control, working cooperatively to accomplish a common goal, and accepting the responsibility for our actions.

We hope this information helps you to understand some of the beliefs of our athletic and activities programs. We wish our students and parents/legal guardians the best of luck with all of their pursuits, both in academics and activities. We thank you for the opportunity to work with your children.

Nolan Beyer, District Director of Activities and Athletics

Please note that the activities offices at the high schools will not accept any of these forms until the first date of orientation (except Millard West). Dates of orientation are as follows for each high school:

- Millard North- Monday, August 1; Tuesday, August 2; and Thursday, August 4.**
- Millard South- Tuesday, August 2, and Wednesday, August 3.
- Millard West- Participation forms will be accepted from Wednesday, June 1 – Friday, August 5.

The high schools will accept the return of all forms plus the payment of the \$60.00 participation fee at one time; therefore, please bring all forms plus the payment at one time (rather than submitting items individually). Millard North and Millard West high schools also expect all athletes to submit a completed transportation form with the eligibility forms.

If you are choosing to not use the clearance form provided in this packet, please remember that the clearance form from the medical professional providing the sports physical must clearly state that your child is cleared to participate in athletics, that the office address and phone number of the medical professional is on that form, and that the signature of the medical professional providing the sports physical is on that form.

If you do not have access to a computer to complete these forms, you may go to the Activities, Athletics and Facilities web page to print a copy of this packet that may be completed by writing the information onto the forms.

the forms for Millard West, Millard North, and Millard West for participation in athletics, cheer, and/or dance:

Millard North	Millard South	Millard West
Clearance Form	Clearance Form	Clearance Form
Parent Permission Form	Parent Permission Form	Parent Permission Form
Paperwork Requirements Form	Paperwork Requirements Form	Paperwork Requirements Form
Emergency Information Form	Emergency Information Form	Emergency Information Form
Transportation Form	Participation Fee	Transportation Form
Participation Fee		Participation Fee

**MILLARD PUBLIC SCHOOLS**  
ATHLETIC PRE-PARTICIPATION CLEARANCE FORM 2016-2017

NOTE: A valid physical must be given after May 1, 2016

**Please note that submission of this form (or another clearance form signed by the medical professional who performed the physical) to the school is required in order to be eligible for all the athletic activities offered by the school as well as dance/cheer.**

**THIS SECTION TO BE COMPLETED BY THE PARENT OF THE STUDENT:**

<b>Student Name</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Date of Birth</b>	<b>Age</b>	<b>Grade</b>
		<b>Place a check by all of the sports/activity in which athlete will participate:</b> <input type="checkbox"/> Baseball, <input type="checkbox"/> Basketball*, <input type="checkbox"/> Cross Country, <input type="checkbox"/> Cross Country Club*, <input type="checkbox"/> Dance/Cheer, <input type="checkbox"/> Football*, <input type="checkbox"/> Golf, <input type="checkbox"/> Soccer, <input type="checkbox"/> Softball, <input type="checkbox"/> Swim/Diving, <input type="checkbox"/> Tennis, <input type="checkbox"/> Track*, <input type="checkbox"/> Volleyball*, <input type="checkbox"/> Wrestling* (*- offered at the middle schools as well)		
<b>Father's/Guardian's Name</b>			<b>Home Phone</b>	
<b>Work Phone</b>		<b>Cell Phone</b>		
<b>Mother's/Guardian's Name</b>			<b>Home Phone</b>	
<b>Work Phone</b>		<b>Cell Phone</b>		
<b>Emergency Contact Person</b> (if parents/guardians cannot be reached)			<b>Home Phone</b>	
<b>Work Phone</b>		<b>Cell Phone</b>		

**THIS SECTION TO BE COMPLETED BY THE MEDICAL PROFESSIONAL PERFORMING THE PHYSICAL:**

<input type="checkbox"/> - Date of Physical- Month      Day      Year	<input type="checkbox"/> - Cleared without restriction OR <input type="checkbox"/> - Not cleared for any sports
<input type="checkbox"/> Cleared, with recommendations for further evaluation or treatment for:	
<input type="checkbox"/> Not cleared for certain sports (which sports and reason):	

**EMERGENCY INFORMATION: Allergies:**

**Other Information:**

- Immunizations Up to Date    - Immunizations Not Up to Date (please specify):  
(tetanus/diphtheria; measles; rubella; hepatitis A and B; poliomyelitis; pneumococcal; meningococcal; varicella)

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent(s)/guardian(s). If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete and his/her parent(s)/guardian(s).

**Attending Physician (print):**

**Office Phone:**

**Office Address:**

Physician's Signature: \_\_\_\_\_

**Date Signed:**

**PARENT PERMISSION FORM: 2016-2017**

**THIS FORM IS TO BE COMPLETED, FILED IN THE OFFICE OF THE ACTIVITIES DIRECTOR OF THE MILLARD SCHOOL WHERE YOUR CHILD ATTENDS, AND THAT A NON-REFUNDABLE FEE OF \$60.00 (HIGH SCHOOL) OR \$45.00- MIDDLE SCHOOL FOOTBALL; \$35 FOR ALL OTHER MIDDLE SCHOOL SPORTS, IS PAID TO THE SCHOOL BEFORE THE STUDENT IS ALLOWED TO TRYOUT, PRACTICE AND/OR COMPETE.**

**CURTAILMENT OF EXTRACURRICULAR ACTIVITIES**

A student who is being disciplined pursuant to District Policy or Rule may be restricted or curtailed from extracurricular activities during the suspension/expulsion or mandatory reassignment. In addition, a student who is disciplined for a violation of District Rule 5400.4, Students Curtailment of Extracurricular Activities (as detailed in the Student Handbook) may also be restricted or curtailed from extracurricular activities for conduct occurring off-school grounds and not during school hours if the violation occurs during the academic school year. I have read and understand the above statement.

**ATHLETICS/ACTIVITIES INSURANCE VERIFICATION**

Millard School Board Policy and rule 5600.3 requires all students who participate in extracurricular programs to be covered by medical insurance. In order for your son/daughter to be eligible to participate, he/she must have proof of insurance. Please indicate the name of the insurance company and policy number for medical coverage for your son/daughter. I/WE understand that the school and District carries no insurance of any kind to cover medical expenses that may occur from participation in athletics/activities and that the school and District themselves will not be responsible for any such expenses. I/WE agree that we have adequate insurance to cover our son/daughter for any medical expenses incurred while participating in extracurricular athletics/activities. Students who do not have family insurance may be eligible to apply for health insurance coverage. Kid's Connection, Nebraska Children's Health Insurance Program, is an insurance program made available through the Nebraska Health and Human Services System. Kid's Connection is a health insurance program developed by the State of Nebraska as an extension of Medicaid and provides health coverage to uninsured children across the state of Nebraska. Applications can be obtained by calling the Student Services Office (715-8300) at the Don Stroh Administration Center, or from your school office.

**NAME OF INSURANCE COMPANY (REQUIRED):**

**INSURANCE POLICY NUMBER (REQUIRED):**

**TRANSPORTATION**

All participants are expected to use school-provided transportation to and from the site of all away events. The District is not responsible for providing transportation to any practice session which may be held on or off District property. Parents/guardians shall be responsible for providing any transportation necessary for the attendance by their son/daughter at all practices. Parents and students may request an exception from the use of school-provided transportation; **HOWEVER, THE PROPER TRANSPORTATION FORMS MUST BE ON FILE IN THE ACTIVITIES OFFICE.**

**WARNINGS AND CONSENT**

I/WE understand and agree that participation in NSAA-sponsored activities is voluntary on the part of the Student and is a privilege, not a right. I/We understand and agree that by this Consent Form the NSAA has provided notification to the Parent and Student of the existence of potential dangers associated with athletic/activity participation. The severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons or muscles to catastrophic injuries to the head, neck and spinal cord and on rare occasions, injuries so severe as to result in total disability, paralysis, or death; even with the best coaching, use of the best protective equipment and strict observances of rules, injuries are still a possibility.

I/WE consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA-sponsored activities, and the activities rules of the NSAA member school for which the Student is participating.

I/WE consent and agree to the disclosure by the school at which the student is enrolled to the NSAA and subsequent disclosure by the NSAA of information regarding the student, including the student's name, address, telephone number, electronic mail address, photograph, date and place of birth, major fields of study, dates of attendance, grade level, weight and height as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the student's participation in NSAA sponsored activities. I/WE consent and agree to the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

PLEASE NOTE: If you do not wish to have health information shared with school or District staff members (as needed) other than the school nurse and principal, the parent/legal guardian must notify the school in writing.

I/WE authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletics/activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury to my student in the course of such athletics/activities or such travel. I/WE understand that if an Inhaler/Epi-pen needs to be accessible, it will be my responsibility to provide a separate Inhaler/Epi-pen that will be kept with the coach's first aid supplies until the end of that sport's season. I/WE do not know of any existing physical condition or health reason that would preclude participation in athletics/activities. I/WE certify that the answers to the questions on the athletic pre-participation screening form, physical form, clearance form, and/or emergency information card as well as statements on this document are true and accurate.

I/WE acknowledge that I/WE read the above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics/activities. Having read the warning above and understanding the potential risk of injury to my Student, I/WE hereby give my/our permission for our student to practice and compete for the school attended in athletics/activities approved by the NSAA.

<b>Father's/Guardian's Name</b>	<b>Mother's/Guardian's Name</b>	
<b>Student Name</b>		<b>Grade</b>
_____		
<b>Parent/Guardian Signature</b>		<b>Date Signed</b>
_____		
<b>Student Signature</b>		<b>Date Signed</b>

## Paperwork Requirements for Athletic Participation 2016-2017

**INSTRUCTIONS:** The student and parent/guardian must read, complete, sign and return this form with all other required eligibility forms before the student will be permitted to begin athletic competition, including any practices and/or tryouts. The student and parent/guardian should not sign this form until they have completed all eligibility paperwork and are ready to submit this paperwork to the school's Activities Office as well as to obtain answers to any questions regarding health risks and safety procedures of athletics and/or any eligibility requirements. **STUDENTS WHO LACK THE COMPLETION AND/OR RETURN OF ALL REQUIRED ELIGIBILITY PAPERWORK ARE NOT NECESSARILY GRANTED ADDITIONAL DAYS FOR TRYOUTS.**

- **Emergency Card (required)**

We acknowledge, understand, and agree that the emergency card is to be completed and signed by the parent/guardian of the student-athlete. This form accompanies the student to away games and will be used if the student-athlete is injured. The form has contact information, insurance information, doctor, and other medical information that people addressing the injury may need to aid the treatment and care of the student-athlete. **THIS FORM IS REQUIRED TO BE ON FILE AT THE SCHOOL PRIOR TO PARTICIPATION IN ATHLETICS.**

- **Parent Permission Form (required)**

We acknowledge, understand, and agree that this form is to be completed and signed by the student-athlete and parent/guardian of the student-athlete. It includes explanations for curtailment of extracurricular activities, insurance verification (you must provide the insurance company and policy number that cover the student-athlete), assumption of risk explanation, and other consent items. **THIS FORM, SIGNED BY THE STUDENT-ATHLETE AND PARENT/GUARDIAN OF THE STUDENT-ATHLETE, IS REQUIRED TO BE ON FILE AT THE SCHOOL PRIOR TO PARTICIPATION IN ATHLETICS.**

- **Physical and Clearance Form (required)**

We acknowledge, understand, and agree that a sports physical from a medical professional is required prior to participation in athletics, that the school must have proof of this physical, **and that this physical must have been provided by a medical professional after May 1, 2016,** for athletic participation during the 2016-2017 school year.

This proof is provided on the clearance form that is completed by the medical professional providing the sports physical. All students are required to have a sports physical each year before participation in athletics.

We acknowledge, understand, and agree that the clearance form must be given to the medical professional performing the physical. This form, completed by the parent/guardian of the student-athlete, student-athlete, and the medical professional providing the physical for participation in athletics, is required to be on file at the school prior to participation in athletics. The school will accept the form when completed and with proper information from the medical professional performing the physical. **THE USE OF ANY OTHER FORM FOR ATHLETIC CLEARANCE OF THE STUDENT MUST UNDOUBTEDLY STATE THAT IN THE OPINION OF THE MEDICAL PROFESSIONAL PERFORMING THE PHYSICAL, THE STUDENT IS CLEARED AND FULLY ABLE TO PARTICIPATE IN ATHLETIC TRYOUTS, PRACTICES, CONDITIONING AND CONTESTS INVOLVED IN SPORTS THAT THE STUDENT WILL PLAY DURING THE CURRENT YEAR (AUGUST 2016 THROUGH AUGUST 2017).**

- **Athletic Participation Fee (required)**

We understand that Millard Public Schools assesses a NON-REFUNDABLE athletic participation fee of sixty dollars (\$60.00) for high school, or forty-five dollars (\$45.00) for middle school football and thirty-five dollars (\$35.00) for all other middle school sports that must be paid to the appropriate school prior to the student's tryout and/or participation in athletics.

**As a student-athlete and as the parent/guardian of the student-athlete, we acknowledge the following:**

1. Health Risks and Safety Procedures- We have considered the health risks associated with participation in athletics. We are also aware of the safety procedures of the school's athletic program, which require the student to:

<ul style="list-style-type: none"> <li>• Know that participation in athletics is a privilege, not a right. Schools and teams may adopt codes of conduct for athletes.</li> </ul>	<ul style="list-style-type: none"> <li>• Learn the rules of the sport.</li> </ul>
<ul style="list-style-type: none"> <li>• Learn and continually demonstrate the proper techniques for the sport.</li> </ul>	<ul style="list-style-type: none"> <li>• Participate in physical conditioning in preparation for athletic competition.</li> </ul>
<ul style="list-style-type: none"> <li>• Maintain proper hydration (water intake)</li> </ul>	<ul style="list-style-type: none"> <li>• Advise the coach or trainer of any signs of physical injury and/or if equipment is damaged or fits poorly.</li> </ul>

2. Insurance Needs- We are aware that Millard Public Schools does not provide accident or health insurance coverage for student athletics and have independently obtained, at our cost, such insurance. We are aware that Millard Public Schools has information regarding a company that offers student accident and health insurance.

3. Harassment / Hazing- Abusive or humiliating harassment or hazing is strictly prohibited within Millard Public Schools and is a crime in Nebraska. These are unacceptable practices in any athletic, extracurricular, or academic endeavor. Students who engage in any type of harassment and/or hazing can expect to be disciplined under the Millard Public Schools Code of Conduct and Curtailment of Extracurricular Activities up to expulsion. I should seek positive alternatives to actions that may be considered harassment and/or hazing and report any hazing incidents to school officials as soon as possible. I understand the letter and spirit of the information printed above, and will not be involved in any type of harassment and/or hazing.
4. Coaches are permitted to have team rules, guidelines, policies, procedures and/or constitutions applicable to the student-athletes on the team.
5. Sportsmanship Standards- Millard Public Schools regards its athletic programs as a means of educating students in values of discipline, teamwork, and respect for rules. Schools and their athletic teams are authorized to adopt codes of conduct for team members. Parents and spectators are also required to act in an appropriate manner during athletic events. Violations of a conduct standard may result in disciplinary action, including dismissal from further athletic participation by the athlete and/or future attendance by a spectator.

**6. We have read and understand the following documents:**

➤ **Concussion Information for Parents and Concussion Information for Students (informational)**

The handout for parents provides information for the parent/guardian regarding concussions as well as what parents should look for and what actions parents should take if they suspect that their child may have a concussive injury. The handout for students provides information for the student-athlete regarding concussions and what the athlete should look for and what actions the athlete should take if they suspect that they may have a concussive injury. It also explains the risks associated with not addressing a concussive injury.

➤ **Controlling Illness and Infections (informational)**

This letter provides the student-athlete and parent/guardian with information as to what actions they can take to minimize the risk of illness and infection while participating in athletics. Studies have shown that by following the recommendations in the letter the risk of missing practice and/or game time can be significantly reduced.

➤ **Steroid Notification Form (informational)**

This letter provides the student-athlete and parent/guardian of the student-athlete with information regarding the dangers of steroid abuse and that Millard Public Schools may apply consequences to the student-athlete if that student-athlete is found to be using steroids to enhance athletic performance.

➤ **Letter from the District Activities Director**

This letter mentions some of the responsibilities assigned to our coaches and sponsors, a partial description of active participation by parents, as well as an expectation owed to the participants in a game or event. In athletics, please remember that games cannot occur without our opponents or officials in sports where officials are used. Also explained is the conflict/concern resolution procedure. We ask that you follow this procedure when you have a concern to communicate to us. We also request that the student be an active participant in this process if the concern involves the student.

As a student-athlete and parent/guardian of a student-athlete, we acknowledge, understand, and agree that we have read and are aware of the health risks section, the insurance needs section, the harassment/hazing section, the sportsmanship standards section in this document as well as the procedures to address a concern, controlling illness and infection document, the steroid notification document, and the concussion information documents for parents and students produced by Millard Public Schools, as indicated by our signatures that appear below:

<b>Father's/Guardian's Name</b>	<b>Mother's/Guardian's Name</b>
<b>Parent/Guardian Signature</b>	<b>Date Signed</b>
<b>Student Printed Name</b>	<b>Grade</b>
<b>Student Signature</b>	<b>Date Signed</b>

**MILLARD PUBLIC SCHOOLS  
 INTERSCHOLASTIC EMERGENCY INFORMATION CARD 2016-2017**

(Please provide all requested information, print, then sign prior to submission to the school)

<b>Student's Name</b>		<b>School</b> <small>(choose one from drop-down menu)</small>		<input type="checkbox"/> - Male	<input type="checkbox"/> - Female
<b>Age</b>	<b>Birth Date</b>	<b>Grade</b> <small>(choose one from drop-down menu)</small>		<b>Home Phone</b>	
<b>Student's Home Address</b>				<b>City and Zip Code</b>	
<b>Father's/Guardian's Name</b>				<b>Home Phone</b>	
<b>Work Phone</b>			<b>Cell Phone</b>		
<b>Mother's/Guardian's Name</b>				<b>Home Phone</b>	
<b>Work Phone</b>			<b>Cell Phone</b>		
<b>Emergency Contact Person</b> <small>(if parents/guardians cannot be reached)</small>				<b>Home Phone</b>	
<b>Work Phone</b>			<b>Cell Phone</b>		
<b>Medical Insurance Company</b>			<b>Medical Insurance Policy #</b>		
<b>Preferred Hospital</b>					
<b>Family Physician</b>			<b>Office Phone</b>		
<b>Family Dentist</b>			<b>Office Phone</b>		
<b>If student is now under medical treatment, why and the doctor's name</b>					
<b>Allergies</b>					
<b>Medicines Currently Taken</b>					

- We give our consent for school officials or coaches to use their own judgment in securing aid and/or treatment, transportation, EMS, and/or ambulance service in case the parents cannot be reached, as indicated by our signatures below.
- We give our consent for the trainer, school personnel, and/or coach to apply emergency treatment until the parents can be contacted, as indicated by our signatures below.
- We give our consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named child, by a physician or qualified nurse or doctor, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity, team or group, and hereby waive on behalf of ourselves and the above named student any liability of the Millard Public Schools, any of its agents or employees, arising out of such medical treatment, as indicated by our signatures below.

<b>Father's/Guardian's Name</b>
<b>Mother's/Guardian's Name</b>
<b>Parent/Guardian Signature</b> _____ <b>Date Signed</b>