



St. John Athletic Program

The Athletic Program of St. John Lutheran School serves as an extracurricular arm of the school. Its purposes and goals are consistent with the philosophy, purposes, and objectives of the school

It is our belief that participation in athletics can be a positive component in the growth and development of any child's physical, mental, and spiritual health.

Our purpose and aim include:

- 1) Christian fellowship and sportsmanship
- 2) Opportunities for Christian witness
- 3) An outlet for physical exercise
- 4) An opportunity to participate in athletic competition
- 5) The fostering of an individual's confidence

These purposes rank higher than a team's achievement in winning games by score or a team's accomplishment of an impressive win-loss record. If these do occur, then all praise and glory goes to the Lord.

Objectives

- 1) Each participant will understand that the victory of eternal life in Jesus Christ, our Lord, is the major goal in life.
- 2) Each participant will honor God and accord Him praise for the blessings of physical health and the ability to participate.
- 3) Each participant will grow in Christian fellowship, teamwork, and sportsmanship in a setting that includes athletic training and competition.
- 4) Each participant will experience an increase in self-worth and self-confidence.
- 5) Each participant will develop a greater capacity for physical fitness.
- 6) Each participant will advance or improve in his or her individual skill level principally in the sports offered at St. John.

Sports Physical

Students are required to take an annual health exam or physical before participating in a sport.

One physical per year qualifies the student for entry into all sports for that year.

Physicals must be turned in to the school office before the player can begin practice for any sport.



Athletic Intention Form

Student's Name _____

Grade _____ Birth Date (mm/dd/year) _____

Please circle the sports in which your child intends to participate. Your early indications will help the Athletic Department plan how to organize teams and schedule games.

Sports Offered For 5th – 8th Grade Students

Cross Country (Fall, Aug. – Oct.) (\$30.00 per season)

Girls Basketball (Fall, Aug. – Nov.) (\$60.00 per season)

Volleyball (Winter, Dec. - March) (\$60.00 per season)
(\$20.00 for shorts)

Boys Basketball (Winter, Nov. – Feb.) (\$60.00 per season)

Track and Field (Spring, March – May) (\$30.00 per season)

*Athletic Fees will be assessed before the start of the season and must be paid prior to the first scheduled game/meet.

Information

*Please fill out information completely. If you do not have a home phone, please write "N/A".

Father's Name _____

Father's Home Phone # _____ Cell # _____

Father's Email Address _____

Mother's Name _____

Mother's Home Phone # _____ Cell # _____

Mother's Email Address _____

Concussion Information Sheet

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

| Symptoms may include one or more of the following: | |
|---|---|
| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
| Signs observed by teammates, parents and coaches include: | |
| <ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays in coordination • 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 | |

Concussion Information Sheet

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 Return-to-Play Policy of the IESA and IHSA requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy.

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

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions.

Student

Student Name (Print): _____ Grade: _____

Student Signature: _____ Date: _____

Parent or Legal Guardian

Name (Print): _____

Signature: _____ Date: _____

Relationship to Student: _____

Each year IESA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.

Guidelines for Parent Conduct With Regard to St. John Athletic Events

Parents of student athletes will agree to abide by the following guidelines.

1. I will not engage in unsportsmanlike conduct with any coach, parent, player, participant, official, or any other attendee.
2. I will not engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official, or any other attendee.
3. I will not use drugs or alcohol while at a St. John Athletic Event, and I will not attend an event while under the influence of drugs or alcohol.
4. I will not engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official, or any other attendee.
5. I will be respectful of officials' and coaches' decisions.
6. I will inform the coach of any disabilities/ailments that may affect the safety of the child or the safety of others.
7. I will address parental concerns by speaking with coaches in a respectful and appropriate manner including proper time and place. If I have a concern with a coach, I will wait 24 hours after an event to talk to the coach. If I deem it necessary, I may contact the Athletic Director or the Principal immediately.
8. I will be a positive role model and encourage good sportsmanship by showing respect and courtesy.
9. I will not instruct a child before, during or after a game as it may conflict with the coaches' plans and strategies.
10. I will remember that a ticket to a St. John Athletic Event is a privilege.
11. I hereby agree that if I fail to conform my conduct to the foregoing while attending a St. John Athletic Event, I will be subject to disciplinary action, including but not limited to the following in any order or combination:
 - Verbal warning issued by the Athletic Director, Principal, or School Board President.
 - Written warning issued by the Athletic Director, Principal, or School Board President.
 - Suspension or immediate ejection from a St. John Athletic Event.
 - Suspension from multiple St. John Athletic Events.
 - Season suspension or multiple season suspension issued by the Athletic Director, Principal, or School Board President.
12. Any suspension will further be enforced by written notification of said suspension to each of our opponents. Board Member(s) on-site at any away venues will personally request that our St. John opponents honor this suspension.

Father's Name (please print)

Signature

Date

Mother's Name (please print)

Signature

Date