

Student Name (please print) _____ Grade _____ Date of Birth _____

Address: _____ Phone Number: _____

Acknowledgement of Physical Hazards

The undersigned hereby acknowledges that participation in athletics involves an inherent potential for injury. Further, the undersigned acknowledges that even with the best coaching, injuries are still a possibility. On rare occasions these injuries can be severe, resulting in total disability, paralysis or even death.

Immaculata provides secondary coverage insurance for all student-athletes. Such secondary coverage generally provides for coverage beyond the initial coverage provided by your private health insurance. All sports injuries must be reported to the Athletic Trainer AT THE TIME OF INJURY and an incident report, which will be required by the secondary insurer, will be generated.

Many of our playing fields are off campus. The school is not able to provide transportation to these fields for practices and home games. Transportation is the responsibility of the student and the parents. Immaculata is not liable for this transportation. The school provides buses for all away games. The student-athlete is expected to ride the bus both ways for these games. If the game is in close proximity to your home, with prior written parental permission and visual observance, your son or daughter may go home with you. No other student-athlete may go home with you.

Being aware of the physical hazards and risk of injury involved in competitive & contact sports, I grant permission for my son/daughter, _____, to participate in All Interscholastic Athletic Sports/Clubs and/or Cheerleading offered at Immaculata for the 2015-2016 school year.

I am also advised that Immaculata holds student-athletes responsible for all athletic equipment and uniforms issued to them. Uniforms are to be handed in to the coaches when requested. I will reimburse Immaculata for any unreturned, lost, or damaged uniform or equipment.

Parent's/Guardian Signature _____ Date _____

Student Athlete Signature _____ Date _____



School Year 2015-2016

Emergency Contact
Authorization for Medical Treatment

Student's Name (PRINT CLEARLY)

()
Home Phone

Address

City/State/Zip

Date of Birth

Social Security Number (optional)

Parent(s) / Guardian's Name

Parent(s) / Guardian's Name

Work /Cell Phone # - - Relationship:

Work /Cell Phone # - - Relationship:

Emergency Phone # - - Relationship:

Family Physician

Physician's Phone

List all medications taken on a regular basis for allergies, diabetes, epilepsy, etc:

List all medication you are allergic to:

Do you wear contact lenses? YES NO

Health Insurance Company:

Policy ID # Expiration Date

In the event of serious injury and your family doctor cannot be contacted, and if we are unable to contact one or the other parent, does the coaching staff/athletic trainer have your permission to seek medical attention from the nearest physician? YES NO

If the answer is NO, please state the procedure you wish the coaching staff/athletic trainer to follow:

X
Parent's/Guardian's Signature

Date

IT IS YOUR RESPONSIBILITY TO CHECK WITH THE APPROPRIATE OR DESIGNATED ATHLETICS STAFF BEFORE USING ANY SUBSTANCE. The NJSIAA bans the following classes of drugs:

- Stimulants
- Anabolic Agents
- Alcohol and Beta Blockers
- Diuretics and Other Masking Agents
- Street Drugs
- Peptide Hormones and Analogues
- Anti-estrogens
- Beta-2 Agonists

Note: Any substance chemically related to these classes is also banned.

THE INSTITUTION AND THE STUDENT-ATHLETE SHALL BE HELD ACCOUNTABLE FOR ALL DRUGS WITHIN THE BANNED DRUG CLASS REGARDLESS OF WHETHER THEY HAVE BEEN SPECIFICALLY IDENTIFIED.

Drugs and Procedures Subject to Restrictions

- Blood Doping
- Gene Doping
- Local Anesthetics (under some conditions)
- Manipulation of Urine Samples
- Beta-2 Agonists permitted only by prescription and inhalation

NJSIAA Nutritional/Dietary Supplements Warning

Before consuming any nutritional/dietary supplement product, review the product with the appropriate or designated athletics department staff!

- Dietary supplements, including vitamins and minerals, are not well regulated and may cause a positive drug test result.
- Student-athletes have tested positive and lost their eligibility using dietary supplements.
- Many dietary supplements are contaminated with banned drugs not listed on the label.
- Any product containing a dietary supplement ingredient is taken at your own risk.**

NOTE TO STUDENT-ATHLETES: THERE IS NO COMPLETE LIST OF BANNED SUBSTANCES. DO NOT RELY ON THIS LIST TO RULE OUT ANY SUPPLEMENT INGREDIENT. CHECK WITH YOUR ATHLETICS DEPARTMENT STAFF PRIOR TO USING A SUPPLEMENT. REMINDER: ANY DIETARY SUPPLEMENT INGREDIENT IS TAKEN AT

THE STUDENT'S OWN RISK. Some Examples of NJSIAA Banned Substances in Each Drug Class Do NOT RELY ON THIS LIST TO RULE OUT ANY LABEL INGREDIENT.

Stimulants

Amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; fenfluramine (Fen); methamphetamine; methylphenidate (Ritalin); phentermine (Phen); synephrine (bitter orange); methylhexaneamine, "bath salts" (mephedrone); Octopamine; DMBA; etc.

exceptions: phenylephrine and pseudoephedrine are not banned.

Anabolic Agents (sometimes listed as a chemical formula, such as 3,6,17-androstenetrione)

Androstenedione; boldenone; clenbuterol; DHEA (7-Keto); epi-trenbolone; etiocholanolone; methasterone; methandienone; nandrolone; norandrostenedione; ostarine, stanozolol; stenbolone; testosterone; trenbolone; SARMS (ostarine); etc.

Alcohol and Beta Blockers

Alcohol; atenolol; metoprolol; nadolo; pindolol; propranolol; timolol; etc.

Diuretics (water pills) and Other Masking Agents

Bumetanide; chlorothiazide; furosemide; hydrochlorothiazide; probenecid; spironolactone (canrenone); triameterene; trichlormethiazide; etc.

Street Drugs

Heroin; marijuana; tetrahydrocannabinol (THC); synthetic cannabinoids (eg. spice, K2, JWH-018, JWH-073)

Peptide Hormones and Analogues

Growth hormone (hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); etc.

Anti-Estrogens

Anastrozole; tamoxifen; formestane; ATD, clomiphene; SERMS (nolvadex); etc.

Beta-2 Agonists

Bambuterol; formoterol; salbutamol; salmeterol; higenamine; norcuclaurine; etc.

ANY SUBSTANCE THAT IS CHEMICALLY RELATED TO THE CLASS, EVEN IF IT IS NOT LISTED AS AN EXAMPLE, IS ALSO BANNED! IT IS YOUR RESPONSIBILITY TO

In order to help protect the student athletes of New Jersey, the NJSIAA has mandated that all athletes, parents/guardians and coaches follow the NJSIAA Concussion Policy.

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 a concussion may show up right after the injury or can take hours or days to fully appear. If your child/player reports any symptoms of a concussion, or if you notice the symptoms or signs of a concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

1. Headache
2. Nausea/vomiting
3. Balance problems or dizziness
4. Double vision or changes in vision
5. Sensitivity to light or sound/noise
6. Feeling of sluggishness or foggiess
7. Difficulty with concentration, short-term memory, and/or confusion
8. Irritability or agitation
9. Depression or anxiety
10. Sleep disturbance

Signs observed by teammates, parents and coaches include:

1. Appears dazed, stunned, or disoriented
2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent)
3. Exhibits difficulties with balance or coordination
4. Answers questions slowly or inaccurately
5. Loses consciousness
6. Demonstrates behavior or personality changes
7. Is unable to recall events prior to or after the hit

What can happen if my child/player keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of a 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 under-report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete safety.

If you think your child/player 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. Close observation of the athlete should continue for several hours.

An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and **may not return to play until the athlete is evaluated by a medical doctor or doctor of Osteopathy**, who is trained in the evaluation and management of concussion injuries. **A written clearance to return to play from that health care provider is required and the athlete must also be cleared by the school's certified athletic trainer.**

You should also inform your child's Coach, Athletic Trainer (ATC), and/or Athletic Director, if you think that your child/player may have a concussion.

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/>
www.nfhslearn.com

Student Name (please print) _____ Grade _____ Date of Birth _____

Address: _____ Phone Number: _____

I understand that my son/daughter requests to be enrolled as a candidate for participation in athletics and/or music program at Immaculata High School. I fully acknowledge that physical hazards may be encountered and hereby release all claims or demands, including those for damages or costs, I might have against Immaculata High School, Immaculate Conception Parish, Diocese of Metuchen, or its representatives, or made by other persons on my behalf, in regard to any injury my child may suffer in conjunction with his/her participation in the sport/sport related activity/music activity.

I am also aware that my child must meet ALL ELIGIBILITY requirements, both academic and medical, which include: a physical exam which must be reviewed and APPROVED, and passing a minimum of 30 credits for grades 10, 11, 12 for the academic year preceding participation in the fall and winter sports. To participate in spring sports, ALL students must be passing a minimum of 15 credits for all courses during the first semester of the year.

I understand that parents and students are responsible for checking on the credit requirements for each athletic season. I hereby confirm that prior to enrolling at Immaculata High School, my son/daughter did not play on another high school interscholastic athletic team (this does not include athletic camps, recreation, traveling teams or AAU teams), **OR YES**, my son/daughter played on an athletic team at _____ High School.

By signing below, I indicate that I have received, read, understand, consent to, and agree to comply with and be bound by the terms, provisions, requirements and content of all of the forms included in the "Interscholastic Athletics & Music Packet" as well as information specified in this consent form.

I have returned all completed required forms, as specified in the Health Physical Instructions:

- 1. NJ DEPARTMENT OF EDUCATION FORMS (PAGES 1, 2, 3, 4)**
- 2. SUDDEN CARDIAC DEATH SIGN OFF FORM**
- 3. IMMACULATA'S INTERSCHOLASTIC FORMS**
 - #1: IMMUNIZATION FORM**
 - #2: PARTICIPATION/HAZARD FORM**
 - #3: EMERGENCY CONTACT FORM**
 - #7: CONSENT FORM**

Please keep a copy of all the above listed forms for your own records.

I understand that my child will not be permitted to participate unless these documents are completed entirely, signed and submitted:

Parent/Guardian—printed name: _____ Parent/Guardian—Signature: _____ Date: _____

Student's printed name: _____ Student's Signature: _____ Date: _____

Parent Email Address (please print neatly): _____