Nevada Charter School
Sports League

Nevada Charter School PARTICIPATION FORM
Return this form to the Head Coach

PLEASE PRINT CLEARLY & IN INK!!!!

Circle Sport(s) of Choice: FF / BB / CC / T&F / C&D / SOC / VB

Students are eligible to participate in a sport only when all forms are handed in, correct and complete.

DATE: _____

Student Name:_____ Grade _____
(Last) (Legal First)

Home Address: _____
Street) (City) (State) (Zip)

Phone: _____
(Home) (Emergency Phone)

Parent Email Address: _____

Student Email Address (if different): _____

Parent Cell Phone: _____ Student Cell Phone: _____

Present school attending:_____

Date of Birth (mo/day/yr): _____ Current age as of today: _____ Place of Birth: _____

Athletic Insurance Information

The NCSSL strongly encourage all students to have insurance coverage prior to participating in league competition. Parents need to be aware that **NO insurance coverage is provided by the school.**

My child is covered by personal insurance (insurance information required):

INSURANCE COMPANY:_____

POLICY NUMBER:_____

POLICY HOLDER'S NAME:_____

*My child is not covered by personal insurance:_____
Parent Signature Date

The signature below indicates that a parent/guardian and the participating student acknowledge they have carefully read this form and the above information is true.

PRINT STUDENT NAME:_____DATE:_____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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Nevada Charter School Sports League ATHLETIC HEALTH FORM
To be filled out by the student/parent and returned to Head Coach

Student _____Birth Date _____ Grade _____ Gender _____

Physician's Name (Please Print)_____
Phone

Physician's Address:_____

Date of last Tetanus Immunization?_____Date of last Measles Immunization? _____

Explain "Yes" answers below

	Yes	No
1. Overnight hospitalizations, operations or surgery? Dates	o	o
2. Are you presently taking any medication or pills?	o	o
3. Do you have any allergies (medicine, bees or other stinging insects?)	o	o
4. Have you ever passed out during or after exercise?	o	o
5. Have you ever been dizzy during or after exercise?	o	o
6. Do you tire more quickly than your friends during exercise?	o	o
7. Have you ever had high blood pressure?	o	o
8. Have you ever been told that you have a heart murmur?	o	o
9. Have you ever had racing of your heart or skipped heartbeats?	o	o
10. Anyone under 50 yrs old in the family die of heart problems?	o	o
11. Do you have any skin problems?	o	o
12. Have you ever had a head injury?	o	o
13. Have you ever been knocked out or unconscious?	o	o
14. Have you ever had a seizure?	o	o
15. Have you ever had a stinger, burner or pinched nerve?	o	o
16. Have you ever had heat or muscle cramps?	o	o
17. Have you ever been dizzy or passed out in the heat?	o	o
18. Do you have trouble breathing or do you cough during or after activity?	o	o
19. Do you use any special equipment (pads, braces, mouth guard, etc?	o	o
20. Have you had any problems with your eyes or vision?	o	o
21. Do you wear glasses or contacts or protective eye or vision?	o	o

22. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? o Head o Shoulder o Thigh o Neck o Elbow o Knee o Chest o Foot o Forearm o Shin/calf o Back o Wrist o Ankle o Hip o Hand

Explain "Yes" answers to Questions 22.above if you checked any injuries listed:

_____
_____
_____

The signature below indicates that a parent/guardian and the participating student acknowledge they have carefully read this form and the above information is true.

PRINT STUDENT SIGNATURE:_____ DATE:_____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Concussion Policy & Information

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:

- 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
- 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 questions/comments

Signs observed by teammates, parents and coaches may include:

- Appears dazed
- Confused about assignment
- Is unsure of game, score, or opponent
- Answers questions slowly
- Shows behavior or personality changes
- Can't recall events after hit
- Any change in typical behavior or personality
- Vacant facial expression
- Forgets plays
- Moves clumsily or is uncoordinated
- Slurred speech
- Cannot recall events prior to hit
- Seizures or convulsions
- Loses consciousness

Athletes with the signs and symptoms of concussion will be removed from play immediately and are required to have the signed release of a physician before being allowed to return to play. 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 athlete 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's safety.

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If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion will 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 written medical clearance. Close observation of the athlete should continue for several hours.
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/

Print Student Athlete Name	Signature of Student Athlete	Date
Print Parent/Legal Guardian Name	Signature of /Legal Guardian	Date

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Athletic Medical Emergency Authorization Form

Sport trying out for: _____Grade_____Birthdate_____

Gender_____Name:_____

Father's Name:_____

Mother's Name:_____

Father's Wk. Phone:_____Mothers' Wk. Phone:_____

Address:_____
Street City State/Zip

Father's Cell Phone:_____Mother's Cell Phone:_____

Email Address:_____/_____
Father Mother

Emergency Contact Name:_____Emergency Contact Phone:_____

Allergies:_____-_____-_____-_____

Drugs allergic to:_____-_____-_____

Regular Medication:_____-_____-_____

Chronic Illness:_____-_____-_____

Significant Injuries or Illness (such as seizures, heart condition, fractures, concussions, or sport-related surgeries)

_____
Date Injury Location on Body

_____
Date Injury Location on Body

_____
Date Injury Location on Body

Comment(s)

1. _____

2. _____

Other past medical conditions that the school should be aware of are: (add any comments on student's physical condition deemed important):

_____

Choice of Physician to be called in case of an emergency:

1. Name:_____Phone:_____

2. Name:_____Phone_____