



**ATHLETIC  
DEPARTMENT  
PARTICIPATION  
FORMS**

**2014-2015**

## REQUIRED FORMS

1. Student Info and Medical Release
2. Student Athlete Vision Statement and Code of Conduct
3. Alternate Transportation Form
4. Parent Code of Conduct and Spectator Policy
5. Parent Sportsmanship Class (turn in certificate of completion)
6. Medical History (fill out before appointment) & Physical Exam Form
7. Concussion Form (turn in second page)

**-ALL FORMS AS A BATCH ARE DUE to the Athletic Office or Main office before any practice or game occurs.**

**-Please be advised that failure to turn in all mandatory paperwork will prevent student-athlete's participation in the sport.**

**-Packet and forms must be filled once every year (1 packet per athlete)**





# Serra HS Athletic Department

14830 South Van Ness Avenue • Gardena, CA. 90249 • Phone (310)324-6675 • Fax (310)352-4953



## Student Information & Release Form

Student-Athlete Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Parent(s)/Guardian(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sports (circle all that apply for the year): **FOOTBALL** **VOLLEYBALL** **SOCCER**  
**BASKETBALL** **TRACK** **BASEBALL** **SOFTBALL**  
**SWIM** **CHEER** **CROSS-COUNTRY** **GOLF**

### Emergency Contact (not parent/guardian):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
(Cell) (Home) (Work)

### Insurance & Medical Information:

Insurance: \_\_\_\_\_ Policy # / Identification #: \_\_\_\_\_

Primary Physician : \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Conditions / Allergies: \_\_\_\_\_

I, the parent (guardian) of the above named child, hereby, request and give my permission for him/her to engage in all activities related to the team, including but not limited to trying out, practicing, playing/participating, and/or transportation to and from games/practices/meetings in the circled activities above. I agree to direct my child to cooperate and conform to the directions and instructions of the school personnel responsible for such activities. My child has no medical condition that would render it inappropriate for him or her to participate in this activity. I have returned the emergency / release / information form to the school's front office. As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and Junipero Serra High School, their respective employees and any parent/volunteer chaperone, from any and all liability, claims for personal injuries, wrongful death, actions, property damage or demands of every kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any of the activities circled above, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the parish, the school or their employees or chaperones. Should it be necessary for my son/daughter to have medical treatment while participating in this trip, I hereby give the responsible personnel or chaperones permission to use their judgment in obtaining medical service, and I give permission to the selected school personnel or chaperone to render medical treatment deemed necessary and appropriate. I agree to relieve the school and other participating adults from any liability in connection with this request. I understand that the insurance benefits through the school or parish, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to indemnify and hold the school harmless from the cost of any medical treatment and related expense and cost incurred. I have had the opportunity to ask questions regarding this release and all of my questions have been answered to my satisfaction. Having understood the above agreement, I freely sign this athletics and extra-curricular activities permission form. I agree to relieve the school and other participating adults from any liability in connection with this request. This authorization is given in pursuant to the provisions of Section 25.8 of the Civil Code of California. The terms hereof shall serve as a release from my heirs, estate, executor, administrator, and assignees and for all members of my family. This authorization shall remain effective unless revoked in writing and delivered to said agents.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clearly Print Parent/Guardian Name

Serra High School Athletic Department  
Student Athlete Vision Statement

You are a member of a Serra Cavalier athletic team, part of a unique set of student-athletes who performs an invaluable service by competing for the glory and recognition of Serra High School. As a member of Serra's athletic program your character, abilities and commitment strengthen the school and enrich our tradition of success. All of those before you and those who will follow make up an unbroken chain of devotion and excellence that should make you proud to be a Cavalier.

As a member of a Serra athletic team you are a public figure and a role model to many. Your participation in athletics does not entitle you to special privileges; rather, it obligates you to be an example for your parents, teachers, friends and community. As an athlete you are constantly under observation as a representative of Serra High School. Live your life and play your sport with respect and composure so as to bring honor to yourself, your family and your school.

Playing a sport will come with challenges both on and off the field. Accepting these challenges and dealing with them effectively will require you to make an unwavering commitment to God, school, family, and your friends. Sacrifices will be required but place God at the center of your life and pray to him regularly during difficult times. Give of yourself without want of reward and compete to the fullest extent of your abilities.

True Cavaliers will be able to accept this mission in every sport they play. In following these ideals as Serra Men and Serra Women you will realize something truly profound: not only have you become successful at your sport but you will experience success in all aspects of your lives. You will become champions at Serra and also in the game of life.

Serra HS- Athlete Code of Conduct

We believe that being a Serra Cavalier Student-Athlete is an amazing privilege and thus carries special responsibilities. As a Serra Cavalier you must be an individual with positive leadership, good character, and personal responsibility. As a Serra Student-Athlete, I will:

1. Display proper behavior and respect towards my fellow teammates, my coaches, the opposing team's players, coaches and fans and the officials. I will both win and lose with character and dignity.
2. Understand that the primary reason for being in school is my academic work. As such I will display exemplary classroom behavior and focus constantly on my academic progress.
3. Represent Serra in a positive way both on and off campus. You, your team, and the school will be judged by outsiders by your words and actions. Refrain from profanity and be judicious in what you say and do. Act with proper care and restraint when using social media.
4. Refrain from using any illegal substances including alcohol, tobacco, marijuana, anabolic steroids and/or any other drugs. In addition, I will refrain from engaging in any unhealthy techniques to gain or lose weight.
5. Read the Athletic Handbook (Section IX of the Parent-Student Handbook) and follow all policies and procedures described within.

My signature below attests to the fact that I have read the Athletic Vision Statement and Athletic Code of Conduct and agree to follow them wholeheartedly. I understand that failure to do so may result in the school removing my privilege to participate in Serra Athletics.

_____	_____	_____
Name (print)	Sport	Level
_____	_____	
Signature	Date	



# Serra Athletic Department

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## ALTERNATE TRANSPORTATION RELEASE

Player's Name: \_\_\_\_\_ Date: \_\_\_\_\_

List Sport(s)- Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_

There may be times when parents/guardians request their son/daughter ride home from athletic contests and/or practices but with their parents/guardians or a designated agent (separate from the team; i.e. not on the team bus). I realize that my son/daughter may only be released to me or my designated agent listed below. I acknowledge that if neither of us is able to take my son/daughter home from the practice/game, he/she must travel back to Serra on the school provided transportation.

In addition, there are times when practices, competitions, and other sport related activities will not be held at Serra High School. Serra HS may not provide transportation to all of these activities. Although Serra HS generally provides transportation, we recognize that students may benefit from the use of alternate transportation options. Alternate transportation may include but is not limited to, parent drivers, 12 passenger vans, student carpools, etc. General consent allows for any licensed driver to take my son/daughter/guardian to any school related athletic activity.

By signing below, I understand that Serra High School, its faculty, staff, and coaches can only supervise activity participants when they travel to and from activities in school vehicles. For valuable consideration, the receipt of which is hereby acknowledged, I knowingly and voluntarily release and forever discharge Serra High School, its officers, agents, directors, faculty, staff, coaches, and volunteers (including volunteer drivers) from any and all liability, actions, lawsuits, claims, demands, and/or expenses resulting, directly or indirectly, from loss of life, personal injuries, property damage, or other damage suffered by my student while traveling to or from any school athletic activity via transportation other than a school vehicle.

\_\_\_\_\_  
Student Name *(Please Print)*

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent/Guardian Name *(Please Print)*

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Name *(Please Print)*

\_\_\_\_\_  
Parent/Guardian Signature Date

Designated Agent (if allowed): \_\_\_\_\_

If parent/guardian does not agree with general consent, please indicate other transportation options that are acceptable: \_\_\_\_\_

# Serra High School Parent Code of Conduct & Spectator Policy

1. I will read the Athletic Department Handbook and follow the policies detailed within. The handbook can be found online at: [http://www.la-serrahs.org/athletics/required\\_forms.jsp](http://www.la-serrahs.org/athletics/required_forms.jsp)
2. I will ensure the completion of required participation forms, CIF eligibility requirements, and payment of sports fees.
3. I will follow the parent-coach communication process as detailed in the athletic handbook and will refrain from confronting coaches immediately before or after a game.
4. I understand that commitment from parents is a must and will be required but is not an entitlement to direct the program and/or team. Parents must accept their roles as parents and support the decisions of the coaches.
5. I (and my guest) will remember that student-athletes participate to have fun and that the game is for youth, not adults. I will refrain from coaching my child or other players during games and practices. I will teach my child that doing one's best is just as important as winning.
6. I (and my guest) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials, and spectators at every game, practice or sporting event.
7. I (and my guest) will not engage in a kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing, taunting, using profane language or inappropriate gestures. I will sit in the designated Serra section at home and away contests.
8. I (and my guest) will support the drug and alcohol free policies of Serra HS by refraining from the use of any controlled substances (alcohol, drugs, etc) before and during games both on site and in the parking lot.
9. I (and my guest) understand that any violation of this code of conduct will be cause for dismissal, suspension, or permanent expulsion from future athletic contests and may result in the removal of my child from participating in athletics at Serra High School.
10. I understand that I am responsible for the guests I bring to Serra games and events and understand they must adhere to the above policies as well.

**By signing below I acknowledge that I have read, understand, and agree to the Parent's Code of Conduct & Spectator Policy.**

\_\_\_\_\_  
Student Name *(Please Print)*

\_\_\_\_\_  
Sport & Level

\_\_\_\_\_  
Parent/Guardian Name *(Please Print)*

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Parent/Guardian Name *(Please Print)*

\_\_\_\_\_  
Parent/Guardian Signature      Date

# SERRA PARENT SPORTSMANSHIP CLASS

Here is how it works:

- Go to [www.nfhslearn.com](http://www.nfhslearn.com)
- On the top right hand side you will see a box that says “Sign in Here”
- Click register near the bottom
- Input your information then click “submit registration” at the bottom
- This will take you back to the home page (you might have to log-in again with your new account info)
- Click near the top left corner on “COURSES”
- Scroll down to “Free Courses”
- Click on “The Roll of the Parent in Sport”
- Click on “Order Course” (don't worry it's free)
- Click on California then Save, then click checkout, then click complete purchase

Please note: You may save your progress and come back at any time to finish!

When you are done, print your certificate of completion and bring turn it into Mr. Dunlap with the rest of your athletic department participation forms.

**Thank you for being a loyal Serra Parent and a Great Sport!**

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

**I have examined the above-named student and completed the preparticipation 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 parents. 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 parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO



## 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"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- 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 to 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 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.

### 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 new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-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 for the remainder of the day.”

**and**

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember its 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-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date