

BISHOP LUDDEN JR-SR HIGH SCHOOL ATHLETICS REGISTRATION

STUDENT INFORMATION

Student's Name _____

Grade _____

Date of Birth (mm/dd/yyyy) _____

Male Female
Gender _____

Sport _____

PARENT/GUARDIAN INFORMATION

Name _____

Relationship to Student _____

Address _____

City _____

Zip _____

Primary Phone _____

Secondary Phone _____

Email Address _____

Name _____

Relationship to Student _____

Address _____

City _____

Zip _____

Primary Phone _____

Secondary Phone _____

Email Address _____

EMERGENCY CONTACT INFORMATION

Name _____

Relationship to Student _____

Phone Number _____

MEDICAL/DENTAL INFORMATION

Please Read and Agree to the Following Statement:

I hereby give my consent for medical/dental treatment deemed necessary by physicians designated by school authorities and/or transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation. I understand this authorization will only be enforced when I cannot be personally contact and provide for immediate treatment.

I agree

Date of Student's Last Physical

Primary Care Physician Name

Phone

Address

City

Zip

Dentist Name

Phone

Address

City

Zip

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HEALTH INFORMATION

Please list any significant or ongoing health conditions relevant to school ar athletics (sever allergies/epi-pen, astma, ADD, birth defects, diabetes, epilepsy, heart disease, vision or hearing problems, medications, etc.). Please enter N/A for no health issues.

INSURANCE INFORMATION

- I have purchased an accident insurance plan from, or am covered under, a family medical plan
- I DO NOT have insurance, and I will assume responsibility for payment of expenses incurred in the event of injury to my son/daughter. Bishop Ludden Jr-Sr High School will not be held responsible for any medical bills or debts resulting from an injury to the above named athlete while participating in any scrimmage or contest.

STATEMENT OF AGREEMENT AND SIGNATURE

Parent Statement:

I UNDERSTAND THAT MY SON/DAUGHTER MAY BE INJURED WHILE PARTICIPATING IN SCHOOL SPONSORED ATHLETICS. I HEREBY GRANT PERMISSION TO THE TEAM PHYSICIAN AND CERTIFIED ATHLETIC TRAINER TO ADMINISTER ANY PREVETATIVE, FIRST AID OR EMERGENCY TREATMENTS THAT THEY DEEM REASONABLY NECESSARY TO THE HEALTH AND WELL-BEING OF MY STUDENT ATHLETE. I UNDERSTAND THE CERTIFIED ATHLETIC TRAINER MAY OFFER MY STUDENT ADVICE CONCERNING NUTRITION, HYDRATION, ULTRASOUND, ELECTRICAL STIMULATION, AND WHIRLPOOL TREATMENT.

Parent Signature

Student Statement:

I UNDERSTAND THAT I MAY BE INJURED WHILE PARTICIPATING IN SCHOOL SPONSORED ATHLETICS. I HEREBY GRANT PERMISSION TO THE TEAM PHYSICIAN AND CERTIFIED ATHLETIC TRAINER TO ADMINISTER ANY PREVENTATIVE, FIRST AID OR EMERGENCY TREATMENTS THAT THEY DEEM REASONABLY NECESSARY TO MY HEALTH AND WELL-BEING.

Student Signature

BISHOP LUDDEN JR/SR HIGH SCHOOL SPORTS PARTICIPATION HEALTH HISTORY UPDATE

Prior to the start of each sport season, a health history update form must be completed in order for each athlete to begin their desired sport. Students without this form on file will NOT be allowed to practice or otherwise participate. This form is to be completed by both the athlete and a parent or guardian no more than 30 days prior to the start of each sport season. This evaluation is only to determine readiness for sports participation. It should NOT be used as a substitute for regular health maintenance examinations.

Name: _____ Grade: _____ Date of Birth: _____ Age: _____
 School: _____ Gender: Male Female Date: _____
 Address: _____ Phone Number: _____
 Name of sport student would like to participate in: _____

HEALTH HISTORY FOR SPORTS PARTICIPATION

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has your child been hospitalized or had treatment in an emergency room? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Has your child had any surgical operations, dislocations, or fractures? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Is your child presently taking any medications? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Is your child currently under a physician's care? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Has your child passed out, become dizzy, or had chest pain during or after exercise? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Has your child ever had any vision or eye problems, wear glasses or contacts? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Has anyone in your family died of heart problems or sudden death before the age of 50? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Has your child ever had a concussion or become unconscious? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Has your child ever had a seizure? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Does your child have any allergies? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Has your child developed any medical problems or injuries since their last physical exam? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Has your child been diagnosed with asthma or does he/she use an inhaler? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Does your child wear dental braces? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 14. Is your child missing a kidney? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 15. Has your child had a heart murmur, high blood pressure or heart abnormality? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Females Only:

1. At what age did you experience your first menstrual period? _____
2. Do your periods occur regularly every month? YES NO

Please explain all "YES" answers:

We, the undersigned have carefully read, understand and agree to abide by the policies and procedures written in the *Bishop Ludden Jr/Sr High School Parent Handbook* (page 13) for students and parents. We also recognize that our signatures grant permission for our son/daughter to participate. Please do not sign until you have thoroughly read the rules described in the Handbook. We also agree to cooperate with school administrators in their enforcement.

Student Signature: _____ Date: _____

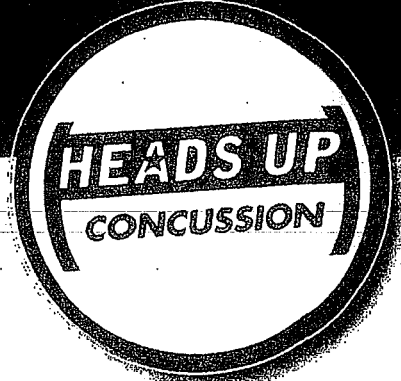
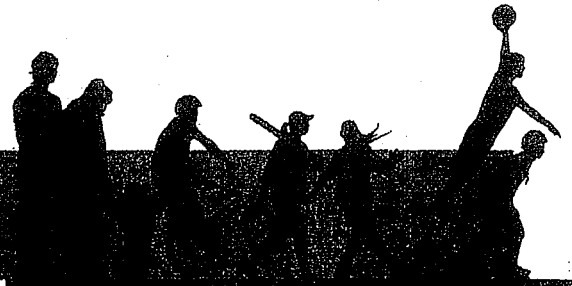
Parent/Guardian Signature: _____ Date: _____

CONCUSSION MANAGEMENT ACKNOWLEDGEMENT

I the Parent/guardian of _____ acknowledge that I have read and understand the "Policy on Concussions." I have reviewed the policy with my child and asked any questions regarding its contents to the school.

Student Signature: _____ Date: _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

[INSERT YOUR LOGO]



"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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HEADS UP

TO LEARN MORE GO TO WWW.CDC.GOV/CONCUSSION