Dear Parent and Guardians,

We are excited to have your student participating in Cubs/Cougar Athletics. The attached documents are required for your student to be eligible to begin practice. Here are some answers to some frequently asked questions:

- This packet is good for all year. We do not need to have a packet redone for each sport. If any of your insurance or contact information changes, please let us know and we will update it for you.
- Students are required to have a physical every **TWO** years. There are physical papers for your physician to fill out available at the school. We encourage you to always keep a copy of the physical and we are happy to make a copy for you. If your student is transferring from another school, we can accept a current physical from another school. Please have them fax or email it to us.
- Insurance coverage is **REQUIRED** to participate. If you do not have medical insurance, we can provide information on acquiring reasonably priced athletic plans. Please don’t hesitate to call the office.
- If your student is injured in a game and needs medical attention, a medical release is required before they can participate again. **ALL** suspected concussions by coaching, athletic, administration or official staff, must be cleared by a physician before the student can return.
- Student Athletes must be in Good Academic Standing. Students that have one “F” or more will be allowed to practice, but are not allowed to play in a game/match until the grade is passing. Grades are pulled on Monday, Wednesday and Friday (unless there is a short week, then it is the first and the last day of the school week). Student achievement is our highest priority and we encourage all students that need help to utilize the afterschool program or make a plan with their teachers to ensure success. We encourage students and families to access *Skyward*, our student grading system, regularly. Each student and family is assigned a login and we are happy to help you access the system.
- Each student must purchase an ASB membership. The cost of this is $40.00/student. ASB membership also allows students entry into any middle school or high school sporting event with no additional cost. If you have any concerns about an ASB card, please don’t hesitate to let us know.

We appreciate the time, talent and dedication of students and parents to our athletic program. Should you ever have any questions or concerns, please don’t hesitate to contact the office at 509-365-2211.

Jen Machado  
Lyle Secondary School Athletic Secretary  
jenifer.machado@lyleschools.org
STUDENT/ATHLETE PARENT ACKNOWLEDGEMENT

ATHLETIC INSURANCE COVERAGE

Name of Athlete ________________________________   Date _____________

I understand that my (son) (daughter) cannot participate in boys’ or girls’ athletics unless (he) (she) is covered by the School Accident Coverage Plan or our family insurance plan.

Athlete is covered by Lyle School District School Accident Coverage Plan _____

Coverage expires: _______________________

Athlete is covered by our family insurance plan _____

Name of Insurance Company __________________________________

Policy Number  _____________________________________________

My (son) (daughter) is covered by the insurance listed above and I will continue to keep it in force throughout the sports season.

I accept full responsibility for the cost of treatment for any injury which (he) (she) may suffer while participating in the program. Please permit (him) (her) to participate in athletics and Sports Days.

_________________________________________        ___________________
Signature of Parent/Guardian                                            Date
MEDICAL EMERGENCY AUTHORIZATION FORM

STUDENT NAME:______________________________________________________________

ADDRESS:_________________________________________________________________

DATE OF BIRTH:_______________________  GRADE:______________________________

NAME OF STUDENT ATHLETE: _________________________________________________

(LAST)                         (FIRST)                        (M.I.)

As a parent or legal guardian, I authorize the team physician or in their absence, a qualified physician to
examine the above named student and in the event of injury to administer emergency care and to arrange for
any consultation by a specialist, including a surgeon deemed necessary to insure proper care of any injury.
Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any
involved treatment.

NAME:___________________________ DATE:___________________________

Signature of Parent/Guardian

MAIN PHONE_________________________ OTHER PHONE_________________________

PARENT/GUARDIAN WORK____________________ PHONE___________________________

ALTERNATE CONTACT PERSON________________________

RELATIONSHIP OF CONTACT PERSON________________________

PHONE NUMBER_________________________ OTHER PHONE_______________________

FAMILY PHYSICIAN’S NAME________________________ PHONE_______________________

ALLERGIES_________________________________________________________

NAME OF FAMILY INSURANCE COMPANY__________________________

GROUP #:_________________________ I.D. #______________________ SUBSCRIBER #:__________________
LYLE SCHOOL DISTRICT
STUDENT/ATHLETE, PARENT ACKNOWLEDGMENT & CONSENT

I am aware that athletics are considered HIGH RISK and that practicing or competing in athletics will be dangerous and involves MANY RISKS OF INJURY. I understand that the dangers and risks of practicing and competing in athletics include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of practicing or competing in athletics may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

Because of the dangers of athletics, I recognize the importance of following coaches' instructions regarding techniques, training and other team rules, etc., and agree to obey such instructions.

I understand, that in order to begin practicing and playing athletics, I need the following:

--A current physical (good for 24 months)
--Proof of Insurance
--The bottom of this page, Parental Consent, signed by both parent/athlete
--Last page from the student/athlete Handbook signed by both parent/athlete
--An emergency medical release form
--Concussion Form signed by athlete and parent/guardian
--An ASB card (must be purchased by first game/match)
--I certify that I have read and understand all information regarding eligibility, training and other responsibilities outlined in the student/athlete handbook

Along with these school rules, each individual coach may have some of their own team rules that will be communicated to the players at the beginning of the season.

PARENTAL CONSENT

By signing this form, we, student/athlete and parent/guardian, have read and understand all the rules and eligibility requirements of Lyle Schools and that I, as student/athlete, agree that I will immediately remove myself from any situation where illegal activities are occurring, or that I can be suspended. We also understand that the student/athlete may not participate in any athletic activities without this form signed.

___________________________________________  ____________________
Student/Athlete       Date

___________________________________________  ____________________
Parent/Guardian       Date
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:

<table>
<thead>
<tr>
<th>Symptoms</th>
<th></th>
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<tbody>
<tr>
<td>Headaches</td>
<td>Amnesia</td>
</tr>
<tr>
<td>“Pressure in head”</td>
<td>“Don’t feel right”</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>Fatigue or low energy</td>
</tr>
<tr>
<td>Neck pain</td>
<td>Sadness</td>
</tr>
<tr>
<td>Balance problems or dizziness</td>
<td>Nervousness or anxiety</td>
</tr>
<tr>
<td>Blurred, double, or fuzzy vision</td>
<td>Irritability</td>
</tr>
<tr>
<td>Sensitivity to light or noise</td>
<td>More emotional</td>
</tr>
<tr>
<td>Feeling sluggish or slowed down</td>
<td>Confusion</td>
</tr>
<tr>
<td>Feeling foggy or groggy</td>
<td>Concentration or memory problems</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>(forgetting game plays)</td>
</tr>
<tr>
<td>Change in sleep patterns</td>
<td>Repeating the same question/comment</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Signs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Appears dazed</td>
<td></td>
</tr>
<tr>
<td>Vacant facial expression</td>
<td></td>
</tr>
<tr>
<td>Confused about assignment</td>
<td></td>
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<tr>
<td>Forgets plays</td>
<td></td>
</tr>
<tr>
<td>Is unsure of game, score, or opponent</td>
<td></td>
</tr>
<tr>
<td>Moves clumsily or displays incoordination</td>
<td></td>
</tr>
<tr>
<td>Answers questions slowly</td>
<td></td>
</tr>
<tr>
<td>Slurred speech</td>
<td></td>
</tr>
<tr>
<td>Shows behavior or personality changes</td>
<td></td>
</tr>
<tr>
<td>Can’t recall events prior to hit</td>
<td></td>
</tr>
<tr>
<td>Can’t recall events after hit</td>
<td></td>
</tr>
<tr>
<td>Seizures or convulsions</td>
<td></td>
</tr>
<tr>
<td>Any change in typical behavior or personality</td>
<td></td>
</tr>
<tr>
<td>Loses consciousness</td>
<td></td>
</tr>
</tbody>
</table>

**What can happen if my child keeps on playing with a concussion or returns to soon?**

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

Document created 6/15/2009
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 “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a youth 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 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

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 6/15/2009