Athlete's Name: ________________________________________   Sex:   ______

Address: _____________________________________________  Grade: _____

Parent/Guardian: ___________________________________________

**Athletic Insurance Waiver**

I understand that my child must be covered by medical and/or accident insurance in order to participate in sports. I also certify that my child is covered for injuries and/or death occurring as a result of participation in, or the practice for, all athletic events as a student at Gehlen Catholic School during the current school year. I certify that said insurance will be kept in force during the full time that my child engages in the practice for or participation in athletic events during the current school year.

Parent/Guardian Signature: ________________

If you do not have such insurance, please contact McClintock Insurance 712-546-4129 and inquire about their athletic insurance.

**Parent or Legal Guardian Permission**

By its nature, participation in athletics includes risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

By signing this permission form, we acknowledge that we have the read the above information. **Parents who do not accept the risks described in the warning should not sign this permission form.**

"I hereby give my consent for: _______________________________

1. To represent his/her school in the approved athletic activities except those listed

   ___________________________________________________

2. To accompany any school team of which he/she is a member on its local or out-of-town trips.

3. To receive, through a medical doctor of the school's choice, emergency medical care which may become necessary in the course of such athletic activities or travel.

I further agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above-named student during the proper course of activity or travel.

X ___________________________________________________                _________________

Parent/Legal Guardian Signature                Date

X ___________________________________________________                _________________

Student's Signature                Date

"Heads Up: Concussions in Sports"

Important: Students participating in athletics, cheerleading, and dance; and their parents/guardians; must annually sign the acknowledgement below and return it to their school. Students cannot participate in practice or games until this form is signed and returned.

We have received the information (available on the school web page) titled "Heads Up: Concussion in High School Sports"

X ___________________________________________________                _________________

Parent/Legal Guardian Signature                Date                Parent/Legal Guardian Printed Name

X ___________________________________________________                _________________

Student's Signature                Date                Student's Printed Name
A FACT SHEET FOR PARENTS AND STUDENTS

HEADS UP: Concussion in High School Sports

The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:

(1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.

(2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.

(3) Key definitions:
   “Licensed health care provider” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
   “Extracurricular interscholastic activity” means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

What is a concussion?
A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What parents/guardians should do if they think their child has a concussion?
1. OBEY THE NEW LAW.
   a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
   b. Seek medical attention right away.
2. Teach your child that it’s not smart to play with a concussion.
3. Tell all of your child’s coaches and the student’s school nurse about ANY concussion.

What are the signs and symptoms of a concussion?
You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

STUDENTS:
If you think you have a concussion:
• Tell your coaches & parents – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
• Get a medical check-up – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
• Give yourself time to heal – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

IT’S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

Signs Reported by Students:
• Headache or “pressure” in head
• Nausea or vomiting
• Balance problems or dizziness
• Double or blurry vision
• Sensitivity to light or noise
• Feeling sluggish, hazy, foggy, or groggy
• Concentration or memory problems
• Confusion
• Just not “feeling right” or is “feeling down”

PARENTS:
How can you help your child prevent a concussion?
Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.
• Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
• Ensure that they follow their coaches’ rules for safety and the rules of the sport.
• Encourage them to practice good sportsmanship at all times.

Signs Observed by Parents or Guardians:
• 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

Information on concussions provided by the Centers for Disease Control and Prevention.
For more information visit: www.cdc.gov/Concussion