

ATHLETIC RESPONSIBILITY AND REGISTRATION FORM 15/16**NOTE: The last page MUST be signed by parent and athlete**Athlete's name: _____
(First) (Middle Initial) (Last)

The Clarkston School District has instituted a pay-to-participate fee for athletics. The fee for the 2015-16 school year for athletes in 9th through 12th grades will be \$325. The fee for the 2015-16 school year for 7th and 8th grade athletes will be \$200.

Athlete Parents: You can pay your student's pay to participate fee on-line.

Information can be found on the Athletics website: <http://www.clarkston.k12.mi.us/athletics>**For All Sports That Do Not Make Cuts:****Due at first day of practice:**

- \$325 (\$200 for 7th and 8th grade) yearly pay-to-participate fee – check or money order to: Clarkston Schools. Mail payment to: Business Services, Clarkston Community Schools, 6389 Clarkston Road, Clarkston, MI 48346
- Completion of this registration packet including registration, contract, physical, and consent information including parent and athlete signatures on the last page.

For All Sports That Cut:**Due on first day of tryouts:**

- Completion of this registration packet including registration, contract, physical and consent information including parent and athlete signatures on the last page.

Due first day after team is chosen:

- \$325 (\$200 for 7th and 8th grade) yearly pay-to-participate fee – check or money order to: Clarkston Schools. Mail payment to: Business Services, Clarkston Community Schools, 6389 Clarkston Road, Clarkston, MI 48346

I understand that the fee I am paying does not guarantee playing time or control over any conditions of the team, and is not refundable unless an injury takes place which disallows participation. A doctor's authorization letter must be submitted with a request for refund. If the injury takes place after the midpoint of the scheduled season, no refund will be granted. I also understand that paying a fee does not alter Clarkston Board of Education Student Policies, Michigan High School Athletic Association regulations, the District Athletic Code, and individual team rules.

NOTE: A STUDENT SHALL NOT PARTICIPATE IN ANY PRACTICE SESSIONS OR CONTESTS UNTIL THIS COMPLETED REGISTRATION PACKET HAS BEEN TURNED INTO THE TEAM COACH.

****THE LAST PAGE OF THIS CONTRACT MUST BE SIGNED BY ATHLETE & PARENT****

CONSENT FOR TRANSPORTATION*I hereby give my son/daughter, permission to:*

- Be transported by bus to games, tournaments and competitions when possible.
- Leave from athletic contests with a parent, relative, or authorized adult.
- Accompany the team as a member on its out-of-town trips.
- This authorization is in effect for the entire school year.

I understand that the ability of coaches and other school officials to properly supervise students may be impaired when students are not under their direct control. I agree that coaches should not be held accountable when students who are authorized to use alternative means of transportation do so. I understand that coaches reserve their right to refuse requests by players to leave their teams if, in the coaches' opinion, it serves the best interest of the individual or the program. I agree to release the Clarkston School District, its employees, and officers from all liability with reference to the above stated transportation.

EQUIPMENT FINANCIAL RESPONSIBILITY

Each athlete in the Clarkston Community Schools is responsible for the athletic equipment issued to them by the Athletic Department. This equipment is to be worn only for practice, coach designated demonstration, or school competitions in the sport for which it was issued. It is not to be worn at other times. This equipment represents a large expenditure of money by the Athletic Department and is to be returned to the coach upon completion of the sport season (within one week). If the equipment is LOST, STOLEN OR NOT RETURNED, the athlete will be held responsible for the replacement cost of the equipment.

ATHLETIC CODE OF CONDUCT

Clarkston Community Schools firmly believes that, in order to have a successful athletic program, rules must be established that will allow athletes to perform to the best of their ability. Therefore, please review with your son/daughter our **Athletic Code of Conduct**.

The **Athletic Code of Conduct** is available in the Athletic Office and at: www.clarkston.k12.mi.us (Go to Schools; Clarkston High School; Athletics; Athletic Code of Conduct). By signing this registration packet, parents/guardians and students are acknowledging that they have read the Athletic Code of Conduct.

NCAA CLEARINGHOUSE

It is the responsibility of the athlete and his/her parents/guardians to register with the NCAA Clearinghouse if he/she plans to play collegiate sports at the Division I or II level. The athlete and his/her parents/guardians is also responsible for ensuring that he/she meets the eligibility requirements for Division I or II participation. Register at www.eligibilitycenter.org.



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.



MEDICAL HISTORY

- To be completed by parent or guardian or 18-year-old.
Must be signed below by parent or guardian or 18-year-old.

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Form with fields for Student's Name (Last, First, MI, Sex, Grade, Date of Birth, Age), Student's Address (Number and Street, City, ZIP), Name of Father or Guardian (Work Phone), Name of Mother or Guardian (Work Phone), Family Doctor (Office Phone), and Student's Home Phone.

MEDICAL HISTORY

Table with columns for General Questions, Your Family's Heart Health Questions, Medical Questions, and Immunization History. Includes sub-sections for Bone and Joint Questions and Medical Questions.

INSURANCE STATEMENT AND CERTIFICATION

Our Son/Daughter will comply with the specific insurance regulations of the school district and the Medical History questions are as complete and correct as possible.

Family Insurance Co: _____ Contract #: _____

Signatures of Student: _____ & Parent/Guardian or 18 Year Old: _____

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

EMERGENCY INFORMATION - To Be Completed by Parent or Guardian or 18 Year Old

Student's Name: _____ Grade: _____

IN EMERGENCY 1) _____ Phone #: _____ Cell #: _____

CONTACT or 2) _____ Phone #: _____ Cell #: _____

Family Doctor: _____ Phone: _____

Allergies: _____

Drug Reactions: _____

Current Medications: _____



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.
PHYSICAL EXAM & CLEARANCE & CONSENT FORMS



- To be completed by parent or guardian or 18-year-old.
- Must be signed in two places on this page by parent or guardian or 18-year-old.

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PLEASE PRINT

STUDENT'S COMPLETE LEGAL NAME:		Last	First	Middle			
STUDENT'S DATE OF BIRTH:	Month	Day	Year	PLACE OF BIRTH: City State			
CIRCLE GRADE:	7	8	9	10	11	12	SCHOOL:

PHYSICAL EXAMINATION & MEDICAL CLEARANCE

To be completed by the examining MD, DO, PA or NP & Returned Directly to the patient. Categories may be added or deleted. Check Appropriate Column

EXAMINATION: (Circle Correct Response As Necessary)	Height:	Weight:	Male/Female	BP: /	Pulse:	Vision: R 20/	L 20/	Corrected: Yes No
MEDICAL	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS			
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)						Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing						Back		
Lymph Nodes						Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)						Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses						Wrist/Hand/Fingers		
Lungs:						Hip/Thigh		
Abdomen						Knee		
Genitourinary (Males Only)						Leg/Ankle		
Skin: HSV, lesions suggestive of MRSA, linea corporis						Foot/Toes		
Neurologic:						Functional: Duck Walk		

RECOMMENDATIONS: _____

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below

BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS
 ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

SIGNATURE OF EXAMINER: _____ CIRCLE ONE MD DO PA NP
 PRINTED NAME OF EXAMINER: _____ DATE: _____

STUDENT PARTICIPATION & PARENT OR GUARDIAN OR 18 YEAR OLD CONSENT

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or negotiable certificate for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/She has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

Signature of STUDENT: _____ Date: _____

Signature of PARENT: _____ Date: _____
 or GUARDIAN or 18 YEAR-OLD

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

MEDICAL TREATMENT CONSENT - To Be Completed By Parent or Guardian or 18-Year-Old

I, _____, an 18 year-old, or the parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD _____ DATE _____

ATHLETIC CONTRACT & INFORMATION FORM 2015-2016 SCHOOL YEAR

Fall Sport: _____ Winter Sport: _____ Spring Sport: _____
(Please name sport: i.e. "soccer")

Name: _____ Birth date: _____
(Print Name: First Middle Initial Last)

Address: _____ City: _____ Zip: _____

School: _____ Grade: _____

Home Phone: _____ Student's Phone _____ Student's Email: _____

Parent Name: _____ Cell: _____ Work # _____ Email: _____

Parent Name: _____ Cell: _____ Work # _____ Email: _____

(When Parents can't be reached)
Emergency Contact Person (Non-Parent): _____ Phone #: _____

Family Doctor's Name: _____ Phone #: _____

Known Allergies/Medical Conditions: _____

EMERGENCY MEDICAL AUTHORIZATION

Note: YOU MUST HAVE INSURANCE to participate in sports.

(To be completed by parent/guardian)

I recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care. By signing this registration packet, I agree:

1. To the administration or emergency treatment deemed necessary by the above named doctor.
2. To the transfer of my child to _____ hospital or any hospital reasonably accessible.
3. That I do have medical insurance (required) with (name of company) : _____
4. That my insurance policy number (required) is: _____

We are satisfied this type of insurance gives sufficient coverage for participation in the interscholastic program. We accept full responsibility for medical expenses for any injuries which might occur to our child by reason of such participation and are fully apprised that the school district, or any person associated with the school athletic department, are not liable under the law and we cannot legally accept responsibility and pay for such injuries from the operating funds of the Clarkston Community School District.

WARNING: Participation in supervised interscholastic athletics and activities may be one of the least hazardous activities in which any student may be engaged in or out of school. **PARTICIPATION IN INTERSCHOLASTIC ATHLETICS STILL INCLUDES A RISK OF INJURY, WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, SEEK ASSISTANCE FROM TRAINER, FOLLOW PROPER CONDITIONING PROGRAMS AND INSPECT THEIR EQUIPMENT DAILY.**

AUTHORIZATION SECTION

By signing the forms included in the Athletic Registration Packet, we acknowledge that we have read all the information on these forms and consent to all items including pay-to-participate information, transportation, emergency medical authorization, physical requirements, equipment responsibility and all health warnings. We understand that if our child aspires to play collegiate sports at the Division I or II level, it is our responsibility, and is not the responsibility of the school, to ensure that he/she meets the eligibility requirements in order to participate. Eligibility requirements include meeting the minimum number of core NCAA approved courses, meeting the minimum GPA requirement, and achieving the minimum qualifying ACT score. We acknowledge that this application to participate in athletics is voluntary on our part and the information submitted is truthful to the best of the knowledge of the parent/guardian and the student athlete. Parents and students who do not wish to accept the risks described herein should not sign this consent form.

**SIGN
HERE**

STUDENT ATHLETE'S SIGNATURE: _____

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

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 fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

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

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. A student 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 | • Repeated vomiting or nausea | • Becomes increasingly confused, restless or agitated |
| • Is drowsy or cannot be awakened | • Slurred speech | • Has unusual behavior |
| • A headache that gets worse | • Convulsions or seizures | • Loses consciousness (even a brief loss of consciousness should be taken seriously.) |
| • Weakness, numbness, or decreased coordination | • Cannot recognize people/places | |

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students 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.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

CONCUSSION AWARENESS**EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM**

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Clarkston Community Schools – Athletics.

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.

ATHLETIC REGISTRATION CHECKLIST

Your athlete will not participate until the following items are completed.

- ✓ **Pay to Participate has been paid – see page 1.**
- ✓ **Sports Physical form is signed and dated by doctor.**
- ✓ **Emergency information at the bottom of page 2 has been completed by parent/guardian, cut on the dotted line and turned in to the Coach.**
- ✓ **Page 4 of this contract has been completed, including insurance information, and signed by athlete and parent.**
- ✓ **Page 6 of this contract has been signed and dated by the athlete and the parent.**