

Parker Junior High Girls & Boys Soccer Permission Slip, Schedule and Notes



Thank you for your interest in Parker Junior High Soccer

Tryouts will be Monday, April 5th and Wednesday, April 7th from 3:05 to 4:30 p.m. at Parker Junior High

You must have a current sports physical on file for tryouts!

Please return the Verification and Signature Sheet (last page)

Friday, March 26th, 2021 by 2:00pm - No Exceptions!

Notes from the Coaches

Training/Practices - We ask that the students drink plenty of water (avoid soda), eat a balanced diet (plenty of fruits and vegetables) and sleep at least 8-10 hours a night. This will help them avoid injury and perform their best. Students are encouraged to have a drink and snack ready to consume immediately after practice each day. Water bottles and Gatorade are permitted and encouraged for use during practice.

Games will be on Mondays and Wednesdays beginning at 3:30pm. Games are 2 – 35 minute halves; 11 v 11. Our home field this year will be Parker Junior High.

Practices will be on Tuesdays and Thursdays from 3:15 to 4:30 p.m. at Parker Junior High.

Transportation - Athletes are required to ride the school bus to games. After a game, athletes may be signed out by their parents and ride home with them. On days of games students will call for a ride on their way home from the game to arrange a pickup time from Parker if they are not picked up from the game.

Expectations - Athletes are subject to dismissal from the team if:

- ☐ He/She is picked up 10+ minutes late from practice or a game twice during the season.
- ☐ He/She demonstrates gross insubordination towards a coach.
- ☐ He/She has two or more unexcused absences from practice. ***

*** Please write us a note to excuse your son/daughter from practice or a meet if necessary.

Grades/Behavior/Concussion Forms – Are attached and **must** be completed before playing. Students with failing grades and poor behavior will not be allowed to participate in games.

SOCCER PERMISSION INFORMATION

Dear Parent(s)/Guardian(s):

Your son/daughter has indicated an interest in trying out for the Parker Junior High School soccer team. Only those students who are in good physical condition should participate in this activity. The South Suburban Junior High School Association, of which we are a member school, requires that all students participating in inter-scholastic games have a physical exam on file with the school. Sports physicals are valid for exactly one calendar year. **A complete physical examination will be required for tryouts.**

A student will not be allowed to participate in an inter-school game if his work is incomplete or if his conduct is not a credit to the school. I understand that playing time is not guaranteed.

I understand that all care will be taken to prevent accidents and injuries, but should any occur, the school and its coaches will not be held responsible in any way.

I understand that the sports physical must be on file in the Health Office prior to tryouts. The physical will be reviewed and verified by the Health Coordinator prior to participation.

I understand that my student will have each teacher fill out the Grade Report.

I understand that if my son/daughter makes the team I will need to pay the \$30.00 athletic fee.

- **All guidelines of the most current IDPH All-Sports/DCEO Policy will be adhered to.**
- **Athletes will be required to wear masks at all times**
- **Social distancing between individuals of at least 6 feet must be maintained when possible. Handshakes, fist bumps, hugging, etc. are not permissible.**
- **Students will not be allowed to share water bottles**

Students

Student Athlete Concussions and Head Injuries

The Superintendent or designee shall develop and implement a program to manage concussions and head injuries suffered by students. The program shall:

1. Prepare for the full implementation of the Youth Sports Concussion Safety Act, that provides, without limitation, each of the following:
 - a. The Board must appoint or approve members of a Concussion Oversight Team for the District.
 - b. The Concussion Oversight Team shall establish each of the following based on peer-reviewed scientific evidence consistent with guidelines from the Centers for Disease Control and Prevention:
 - i. A return-to-play protocol governing a student's return to interscholastic athletics practice or competition following a force of impact believed to have caused a concussion. The Superintendent or designee shall supervise an athletic trainer or other person responsible for compliance with the return-to-play protocol.
 - ii. A return-to-learn protocol governing a student's return to the classroom following a force of impact believed to have caused a concussion. The Superintendent or designee shall supervise the person responsible for compliance with the return-to-learn protocol.
 - c. Each student and the student's parent/guardian shall be required to sign a concussion information receipt form each school year before participating in an interscholastic athletic activity.
 - d. A student shall be removed from an interscholastic athletic practice or competition immediately if any of the following individuals believes that the student sustained a concussion during the practice and/or competition: a coach, a physician, a game official, an athletic trainer, the student's parent/guardian, the student, or any other person deemed appropriate under the return-to-play protocol.
 - e. A student who was removed from interscholastic athletic practice or competition shall be allowed to return only after all statutory prerequisites are completed, including without limitation, the return-to-play and return-to-learn protocols developed by the Concussion Oversight Team. An athletic team coach or assistant coach may not authorize a student's return-to-play or return-to-learn.
 - f. The following individuals must complete concussion training as specified in the Youth Sports Concussion Safety Act: all coaches or assistant coaches (whether volunteer or a district employee) of interscholastic athletic activities; nurses who serve on the Concussion Oversight Team; athletic trainers; game officials of interscholastic athletic activities; and physicians who serve on the Concussion Oversight Team.
 - g. The Board shall approve school-specific emergency action plans for interscholastic athletic activities to address the serious injuries and acute medical conditions in which a student's condition may deteriorate rapidly.

2. Comply with the concussion protocols, policies, and by-laws of the Illinois High School Association, including its *Protocol for NFHS Concussion Playing Rules* and its *Return to Play Policy*. These specifically require that:
 - a. A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion in a practice or game shall be removed from participation or competition at that time.
 - b. A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury may not return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.
 - c. If not cleared to return to that contest, a student athlete may not return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.
3. Require that all high school coaching personnel, including the head and assistant coaches, and athletic directors obtain online concussion certification by completing online concussion awareness training in accordance with 105 ILCS 25/1.15.
4. Require all student athletes to view the Illinois High School Association's video about concussions.
5. Inform student athletes and their parents/guardians about this policy in the *Agreement to Participate* or other written instrument that a student athlete and his or her parent/guardian must sign before the student is allowed to participate in a practice or interscholastic competition.
6. Provide coaches and student athletes and their parents/guardians with educational materials from the Illinois High School Association regarding the nature and risk of concussions and head injuries, including the risks inherent in continuing to play after a concussion or head injury.
7. Include a requirement for staff members to notify the parent/guardian of a student who exhibits symptoms consistent with that of a concussion.

LEGAL REF.: 105 ILCS 5/22-80.
105 ILCS 25/1.15.

CROSS REF.: 4:170 (Safety), 7:300 (Extracurricular Athletics)

ADOPTED: February 13, 2012

REVISED: March 14, 2016

Concussion Information Sheet

Appendix C

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:

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

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

SPORTS PHYSICALS

Students must have a valid sports physical on file prior to trying out for any sport. Sport physicals are valid for 395 days from the date it was originally completed by the physician. The date on the physical must cover the entire length of the sport when submitted. Physicals must be on an IHSA Pre Participation form or the State of Illinois Certificate of Child Health Examination form (Interscholastic Sports area must be addressed). Either form can be downloaded from the school district website as no other forms will be accepted. It is the parent's responsibility to ensure that the student has a valid sports physical on file with the nurse prior to the date of tryouts.

I have read the above information regarding sports physicals.

Parent Name

Student Name

Parent Signature

Date

Verification and Signature Sheet

Please sign all areas of this page **AFTER** you have read through the pages attached. By signing the areas below you are indicating that you have read **ALL** the designated forms. Students will not be able to participate/Tryout until all areas are signed off on. Please have your son/daughter return this sheet to the front office no later than **Friday, March 26, 2021 by 2:00 p.m.**

Student's Name - Please Print: _____

Parents/Guardian Phone #: #1 _____ #2 _____

My son/daughter has an up to date Sports Physical on file with the Nurse: Please contact Carla Alexander-Grant, PJH Nurse (708-647-5437) if you are unsure.

Parent/Guardian Signature: _____ Date: _____

Do Not Write in this space:

____ Sports Physical on file through Volleyball Season

Verified by: _____

____ Sports physical not valid through Volleyball Season

Concussion and Brain Injuries: Please review Concussion Information Sheets, School Board Policy and letter from District School Nurse

We have read and reviewed the information regarding concussions.

Parent/Guardian Signature: _____ Date: _____

Student Printed Name: _____ Date: _____

Student Signature: _____

Permission Slip: I hereby give my consent for my son/daughter, _____ to participate in soccer tryouts.

Parent/Guardian Signature: _____ Date: _____

**** PLEASE INDICATE WHETHER YOUR CHILD WILL BE PICKED UP OR WILL WALK HOME FROM PRACTICES AND/OR HOME GAMES.

_____ **PICKED UP** _____ **WALK HOME** (check one)

Student/Parent Contract for Extra-Curricular Activities: Please review attachment.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____

Student Printed Name

Student Signature