



2023-2024 CONCUSSION INFO SHEET

Paw Paw Junior High Sports

A concussion is a brain injury and all brain injuries are serious. They can be 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 concussions, 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:

- 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
- 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/comments

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

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

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 athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athletes safety.

If you think your child has suffered a concussion

Any athlete 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. Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returned to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy. You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s 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:

<https://www.cdc.gov/headsup/youthsports/>



2023-2024 AGREEMENT TO PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES

Each student and his or her parent/guardian must read and sign this Agreement to Participate each year before they may participate in athletic/extra-curricular activities.

STUDENT NAME (*Printed*): _____ **GRADE:** _____

I wish to participate in the athletic/extra-curricular activities that are circled:

- | | | | | |
|------------------|-----------------------|------------------------|-------------|-----------------------|
| Soccer (5-8) | Boys Basketball (5-8) | Poms (5-8) | Track (6-8) | Student Council (6-8) |
| Volleyball (5-8) | Cheerleading (6-8) | Girls Basketball (5-8) | FFA (7-8) | Yearbook (6-8) |

UNDERSTANDINGS:

- Extra-curricular participation is a privilege which can have a reduction in participation or removal from participation by the Board of Education or Administrator
- Coaches/sponsors have the authority to restrict/determine participation levels based upon team/activity rules, handbook policies and actions exhibited by the participant
- Students need to meet eligibility requirements for the activity, complete all required forms, follow the rules established by the school district and rules approved for individual extra-curricular activities
- Participants will be financially responsible, with the ability to be waived, the cost for replacement of any damaged equipment issued to the student or used by the student; uniforms are to be cleaned regularly and only worn by the person issued the uniform during athletic events
- Sports requirements to begin participation
 - Physical that is no older than one year; a new physical will be required to start a sport if the physical will expire during that sport season
 - Attend any informational meetings
 - Participation form completed
- Extra-curricular requirements to continue participation
 - Follow the rules established by the school district and coach/sponsor
 - Meet academic eligibility requirements
 - Complete any medical or health training requirements and associated forms
 - Pay associated fees or have a fee waiver on file
- Not all situations are covered by printed or verbal rules/policies provided for the activity and those situations that fall outside specifically identified actions/behaviors/situations will be addressed accordingly by the coach and or administration

Student Signature: _____ **Date:** _____

THE MORAL AND ETHICAL CONDUCT PLEDGE

If I am chosen to represent my school on the athletic squads and other extra-curricular activities, I am sincerely interested in contributing my best to the success of our athletic teams during the coming year.

I, therefore, agree to abide by all rules and regulations set forth in the pages of our athletic code, including the training rules pertaining to the abstinence from alcoholic beverages, tobacco or tobacco products, and drugs in season and out.

This pledge of ethics has been set forth with the purpose of allowing me the full opportunity of becoming a better competitor, and to instill within me the desirable traits of responsible adults. I realize and understand that in the case that I do not live up to this agreement, I am willing to be removed from further athletic competition/activity involvement.

Student Signature: _____ **Date:** _____

I, as the parent/guardian of the above student, have read the policies and rules set forth for athletic/extra-curricular activity participation in the Paw Paw District and give my student permission to participate under these conditions. I understand that all athletics/activities participants are requested to have health insurance carried by their own company or under the policy available through the respective school

Parent/Guardian Signature: _____ **Date:** _____

(Parents, please make sure your child understands what is on this form.)



2023-2024 WAIVER AND RELEASE

Paw Paw Junior High Sports

Activity: Basketball, Volleyball, Track and Other Athletic Activities

In consideration of Paw Paw Community Unit School District #271, (hereinafter the "District") raising no objection to my use of school facilities as a participant in the above referenced activity (hereinafter the "activity"), I do hereby Release and Discharge the District, its Board of Education, the individual members, agents, employees, and representatives thereof, from any and all claims, demands, and causes of action which may accrue to me, my heirs, executors or assigns, as a consequence of, and/or resulting from my undertaking any activity and any resulting personal injury including, but not limited to tendonitis, ligament tears within the knee, anterior cruciate injury, stress fractures, bone spurs, back injury, all ballistic movement injuries, all soft tissue injuries, injury to skin, eyes, muscle tears and bruises, and all dental injuries, or death (hereinafter "personal injury") or property damage which I may sustain in the course of such activity.

I acknowledge that this activity is being acquiesced to as a benefit to me and not for the benefit of the District. I understand that the district will assume no responsibility for damage, accidents, injuries, or personal injuries incurred as a result of my engagement in this activity.

I acknowledge and assume all responsibility for any damage and/or personal injury that I may cause to myself, others, and/or property while engaging in the activity. I release and waive, and further agree to indemnify, hold harmless, and reimburse the District, Board of Education, the individual members, agents, employees and representatives thereof, from and against any claim which I, any other person, firm or corporation may now or in the future have or claim to have, known or unknown, directly or indirectly, for any losses, damages (including consequential damages) or injuries arising out of my engagement in the activity of the rendering of emergency or non-emergency medical procedures or treatment, if any.

I have adequate medical and liability insurance or otherwise have the means to pay for any harm which would be covered by such insurance, and will provide proof of such upon request.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Address: _____

Phone Number: _____ Date: _____



2023-2024 ATHLETE EMERGENCY CONTACT FORM

COACHES PLEASE KEEP A COPY OF THIS ON YOU AND RETURN TO THE ATHLETIC DEPARTMENT

STUDENT INFORMATION:

Student Name: _____

Address: _____ City _____ Zip: _____

Phone Number: _____ Year in school (please circle): 5 6 7 8

EMERGENCY CONTACT INFORMATION: Please provide information for primary and alternative contact persons who may be notified in case of an emergency.

Primary Contact: _____

Phone: _____ Relation: _____

Alternative Contact: _____

Phone: _____ Relation: _____

Physician's Name: _____

Preferred Hospital: _____

CONDITIONS/ISSUES:

Please list any difficulties or impairments that emergency personnel should be aware of.....

The information requested on this form is confidential and for emergency use only. In the event of an emergency while participating in an athletic event, the information will be used by Paw Paw School Athletic Department personnel. Please provide accurate, complete and true information.

In case of an emergency, I give permission for my information to be released for emergency purposes. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.