

**Buffalo High School Athletics
Athletic Eligibility Form**

Sport: _____

Last Name: _____

First Name: _____

Middle Initial: _____

Father's First and Last Name: _____

Mother's First and Last Name: _____

Numbers of semesters enrolled at BHS: _____ (2 semesters per year)

Date of Birth (mm/dd/yyyy): _____

Place of Birth (city & state): _____

Do Parents reside in the Buffalo school zone? Yes / No

If no, explain:

Grade: _____

School Attending Previous Semester: _____

Address Where You Live (Street address / not a P.O. box)

Are you living with your parents at the address? Yes / No

GPA Previous Semester:

****All this information is REQUIRED by the WVSSAC. Please make sure no information is left blank. Thank you.**

**WARNING: AGREEMENT TO OBEY INSTRUCTIONS,
RELEASE, ASSUMPTION OF RISK, AND
AGREEMENT TO HOLD HARMLESS**

(Both the applicant student and parent or guardian must read carefully and sign.)

SPORT (Check applicable spaces):

- | | | |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Football | <input type="checkbox"/> Basketball | <input type="checkbox"/> Track |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Cross-Country | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Crew | |

STUDENT

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing in the above-checked sport(s) 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 skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers of playing practicing to play/participate in the above-checked sport(s) 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 participating in the above-checked sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

In consideration of _____ High School/Middle School permitting me to try out for the above-checked sport(s) and to engage in all activities related to the team(s), including, but not limited to, trying out, practicing or playing/participating in that sport(s). I hereby assume all the risk associated with participation and agree to hold _____ High School/Middle School of Putnam County School District, (Winfield, WV), collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the _____ High School/Middle School athletic team(s) checked above. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that **FOOTBALL, WRESTLING, GYMNASTICS, SOFTBALL and BASEBALL** are **VIOLENT CONTACT SPORTS** involving even greater risk of injury than other sports.

Date _____ Student Signature _____

PARENT/GUARDIAN

I, _____, am the parent/legal guardian of _____ (student).
I have read the above warning and release and understand its terms. I understand that all sports can involve **MANY RISKS OF INJURY**, including, but not limited to, those risks outlined above.

In consideration of _____ High School/Middle School permitting my child to try out for the above-checked sport(s) and to engage in all activities related to the team(s), including, but not limited to trying out, practicing or playing/participating in that sport(s). I hereby agree to hold _____ High School/Middle School of Putnam County School District (Winfield, WV), collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, cause of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any activities related to the _____ High School/Middle School athletic team(s) checked above. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that **FOOTBALL, WRESTLING, GYMNASTICS, SOFTBALL and BASEBALL** are **VIOLENT CONTACT SPORTS** involving even greater risk of injury than other sports.

Date _____ Parent/Legal Guardian Signature _____

PART II – RESIDENCE AND PARTICIPATION

Athlete's Name _____ Class _____ School Year _____
(Last) (First) (MI)

Home Address _____ Parent's Address _____

City _____ State _____ City _____ State _____

Date of Birth _____ Place of Birth _____

Mother's First Name and Father's First & Last Name _____

Name of Legal Guardian _____

Signature of Legal Guardian _____

Signature of Student-Athlete _____

This is my _____ semester in _____ High School/Middle School. Last semester I attended _____ (HS/MS) and passed _____ subjects. I have read the condensed eligibility rules of the WVSSAC and I have also read the _____ High School/Middle School Student-Athlete Handbook and I agree to make every effort to keep up my school work and abide by the rules of the _____ High School/Middle School Athletic Department and the WVSSAC.

Current School Zone Living In _____

PART III – INSURANCE

_____ High School/Middle School does not carry student-athlete insurance. It is the responsibility of the parent/guardian of each athlete to make sure that he/she has one or more of the following plans in force:

- (1) Individual or Group Health/Accident Insurance

Company _____ Policy No. _____

- (2) Special Insurance purchased for Football only _____

- (3) Student Classroom Accident Insurance _____

PART IV – EMERGENCY MEDICAL TREATMENT PERMISSION

I hereby authorize the school to obtain, through a physician of its choice, any emergency care that may become reasonably necessary for the student in the course of athletic activities or travel. Payment of all charges for medical treatment is guaranteed by me or the insurance company providing coverage for the student named below.

(Student Name) _____ (Parent/Guardian Signature) _____

- (1) Allergies or Special Problems _____

- (2) Date of last tetanus shot _____

- (3) Family Physician _____ Phone _____

****Please attach a copy of your insurance card.**

Putnam County Schools
Athletic Emergency Information

Athlete's Name _____ Birthdate _____
 Last First MI

Parent's (Guardian) Name _____

Address _____ Phone _____
 _____ Cell _____

Father _____ Mother _____

In an emergency, if parents cannot be contacted, list who can be notified:

Name	Relationship	Phone #
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Family Doctor _____	Office # _____	Home Phone # _____
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Preferred Hospital _____ City _____

Allergies _____ Date of last Tetanus Booster _____

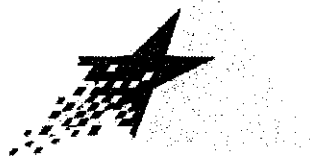
Permission is hereby granted to the attending physician to proceed with any medical or minor treatment, x-ray examination, and immunizations for the above named student-athlete. In event of a serious illness, significant injury, or the need for major surgery, I understand an attempt will be made by the attending physician to contact me in the most expeditious manner possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student-athlete may be given.

In the event that an emergency arises during practice of a game, I give my consent to the attending medical physician, athletic trainer, or coach to use their judgement in securing medical aid and ambulance service in case the parents can not be notified. I understand an effort to contact me will be made as soon as possible. Permission is also granted to the athletic trainer or coach to administer basic first aid or needed emergency treatment to the student-athlete prior to his/her admission to the medical facilities.

Signature of Legal Guardian _____	Date of Signature _____
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Individual or Group Health/Accident Company _____

Policy Number _____



PUTNAM COUNTY SCHOOLS

Achieving Excellence

PUTNAM COUNTY SCHOOLS ATTENDANCE POLICY

All students must be present the ENTIRE school day in order to practice or participate in a game unless they have a medical excuse or an excused absence from the principal. In school suspension disqualifies a student from practice or a game on that day.

Student/Athlete

Date

Parent/Guardian

Date

Dear Parent of a Buffalo High School Student-Athlete:

We want to remind you that neither Putnam County Schools, nor Buffalo High School, purchase student accident insurance for student-athletes.

To participate in our athletics program, students must be covered by medical/accidental insurance. It is the responsibility of the parent/guardian to make certain that their student-athlete is fully insured and covered by a medical/accidental insurance plan during their season of participation.

If your student is already covered under a family policy, you are not required to purchase additional insurance. However, if your student is not covered by medical insurance, or if you want supplemental insurance to cover the costs of your deductibles and fees, you may purchase accidental insurance (basic or supplemental) for your student-athlete through the student classroom accident insurance program offered through Student Assurance Services, Inc. Application forms for this insurance are available from your coach, our office, or Putnam County Schools Board Office.

We are delighted that your student is participating in our outstanding athletic programs. If you have any questions, please call us.

Sincerely,

Derek Pauley
Principal/Athletic Director

I acknowledge that I have been notified that neither Putnam County Schools nor Buffalo High School provides student-athlete medical/accidental insurance and that I am responsible for providing this insurance for my student-athlete during the season of participation.

Athlete's Name: _____

Type of Insurance / Accident Plan:

_____ Family
_____ Special Insurance for Football only
_____ Student Classroom Accident Insurance

Company Name: _____

Policy Number: _____

Group Number: _____

PUTNAM COUNTY BOARD OF EDUCATION

STUDENT DRUG TESTING CONSENT FORM

STATEMENT OF PURPOSE AND INTENT

Participation in athletics, extra-curricular activities and driving on campus are student privileges. Activity Students carry a responsibility to themselves, their fellow students, their parents and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs. Students who elect to drive a privately owned vehicle to and from school and park on school property also carry an added accountability for the safe operation of a vehicle while on school property.

Drug use of any kind is incompatible with the physical, mental and emotional demands placed upon participants in extra-curricular activities and upon the positive image these students project to other students and to the community on behalf of Putnam County Schools. For the safety, health and well being of students who drive to school and/or participate in extra-curricular activities in Putnam County schools, the County has adopted the attached *Student Drug Testing Policy* and the "Student Drug Testing Consent Form" for use by all participating students at the high school level.

Participation in Extra-Curricular Activities or Driving to School

Each extra-curricular student and driving student shall be provided with a copy of the *Student Drug Testing Policy* and "Student Drug Testing Consent Form" which shall be read, signed and dated by the student, parent or custodial guardian, and coach/sponsor before such student shall be eligible to practice or participate in any extra-curricular activity or before issuance of a driving/parking pass. **The "Student Drug Testing Consent Form" must be completed, signed and returned to the school prior to participating in any school activity or obtaining a parking permit to park on the school campus.**

The Opt-In Participant and parent or custodial guardian shall also consent to read and sign a consent form.

The consent shall be to provide a sample:

1. As chosen by the random selection basis, and
2. At any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs.

No student shall be allowed to practice or participate in any activity, governed by the policy, or drive to school unless the student has returned the properly signed "Student Drug Testing Consent Form."

This Student Drug Testing Form will remain on file for your student for the remainder of their programmatic level (middle or high school) and will only be removed from the Random Drug Testing Program by signed parental/custodial guardian consent delivered to the Superintendent's designee.

PUTNAM COUNTY BOARD OF EDUCATION

STUDENT DRUG TESTING CONSENT FORM

Section to be filled out by Activity Student, Driving Student or Opt-In Participant

Please Print:

Student's Last Name First Name MI

School Grade Student ID – WVEIS #

I, the above named student, after having read the **Student Drug Testing Policy** and "Student Drug Testing Consent Form" understand that, out of care for my safety and health, Putnam County Schools enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Putnam County Schools athletics or extra-curricular activities or one who drives and parks on school property, or an Opt-in participant, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs any time while I am involved in in-season or off-season activities or driving, I understand upon determination of that violation I will be subject to the restrictions as outlined in the Policy.

Check all that apply:

_____ **Activity Student**
_____ **Driving Student**
_____ **Opt-in Student**

Signature of Student Date

Section to be Filled out by Parent/Guardian and Principal/Coach/Sponsor

We have read and understand the Putnam County Schools **Student Drug Testing Policy** and "Student Drug Testing Consent Form." We voluntarily agree on behalf of the student named above that, in order to participate in athletics or extra-curricular activities; and/or to be granted permission to drive to and park on property of Putnam County Schools; and/or by electing to have him/her included in the testing pool as an Opt-in Participant, the student must submit to drug testing and must also agree to be subject to the terms of Putnam County Schools' drug testing policy. We accept the method of obtaining samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

Parent/Guardian Name (Print)

Signature of Parent/Custodial Guardian Date

Home Phone Cell Phone Work/Other Phone

Signature of Principal/Coach/Sponsor Date

DON'T LET AN INJURY LEAD TO AN OPIOID ADDICTION

2 MILLION ATHLETES ARE EXPECTED TO SUFFER A SPORTS INJURY THIS YEAR

MANY OF THESE ATHLETES WILL BE PRESCRIBED OPIOID PAINKILLERS

75% OF HIGH SCHOOL HEROIN USERS STARTED WITH PRESCRIPTION OPIOIDS

HIGH SCHOOL ATHLETES ARE AT RISK OF BECOMING ADDICTED TO PRESCRIPTION DRUGS

- 28.4% used medical opioids at least once over a three year period.
- 11% of high school athletes have used an opioid medication for nonmedical reasons.
- Nearly 25% of students who chronically use prescription opioids also use heroin.

WHAT ARE OPIOIDS?

Opioids are a powerful and addictive type of prescription painkiller that have similar chemical properties and addiction risks as heroin. While opioids may provide temporary relief, they do nothing to address the underlying injury and can have serious side effects.

These drugs may lead to: dependence, tolerance, accidental overdose, coma and death.

The most common prescribed opioid painkillers in West Virginia are:

- Oxycodone (OxyContin)
- Hydrocodone (Lortab and Vicodin)

HOW TO PROTECT YOUR CHILD

- Talk to your healthcare provider about alternative pain management treatment options (see below).

First-time prescription opioid users have a 64% higher risk of early death than patients who use alternative pain medication.

- If your child is prescribed an opioid painkiller, talk about the dangers of misusing medication, including overuse and medication sharing.
- Monitor your child's intake of prescription medication to ensure he/she is following dosage instructions.
- Safely dispose of any unused medication through a prescription drug drop box or a DEA Take-Back program.

NON-NARCOTIC PAIN MANAGEMENT ALTERNATIVES

Physical Therapy
Chiropractic
Massage Therapy
Acupuncture
Over-the-Counter Medication



WEST VIRGINIA
ATTORNEY GENERAL'S OFFICE

West Virginia
Board of
Medicine



HEADS UP SCHOOLS

Signs and Symptoms of a Concussion

A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Be alert for *any* of the following signs and symptoms.

SIGNS OBSERVED BY SCHOOL PROFESSIONALS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY THE STUDENT

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*



What can school professionals do?

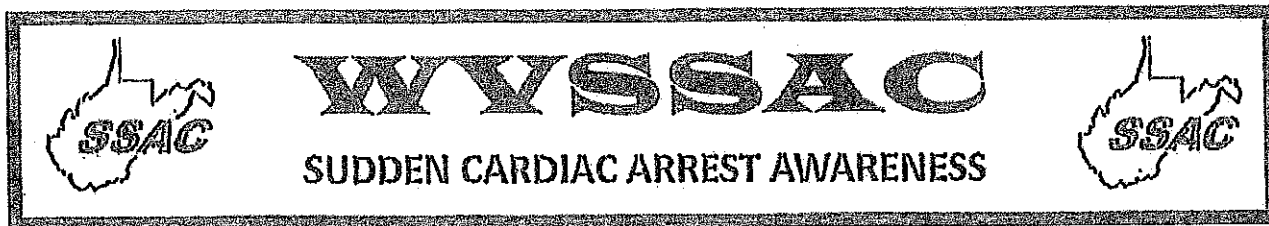
Know your Concussion ABCs:

- A—Assess the situation
- B—Be alert for signs and symptoms
- C—Contact a health care professional

*For more information and to order additional materials
FREE OF CHARGE, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION





What Is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- SCA should be suspected in any athlete who has collapsed and is unresponsive
- Fainting, a seizure, or convulsions during physical activity
- Dizziness or lightheadedness during physical activity
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age <50

ANY of these symptoms/warning signs may necessitate further evaluation from your physician before returning to practice or a game.

What causes Sudden Cardiac Arrest?

- Conditions present at birth (inherited and non-inherited heart abnormalities)
- A blow to the chest (Commotio Cordis)
- An infection/inflammation of the heart, usually caused by a virus. (Myocarditis)
- Recreational/Performance-Enhancing drug use.
- Other cardiac & medical conditions / Unknown causes. (Obesity/Idiopathic)

What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical which is mandatory annually in West Virginia.
- Always answer the heart history questions on the student Health History section of the WVSSAC Physical Form completely and honestly.
- Additional screening may be necessary at the recommendation of a physician.

What is the treatment for Sudden Cardiac Arrest?

- Act immediately; time is critical to increase survival rate
- Activate emergency action plan
- Call 911
- Begin CPR
- Use Automated External Defibrillator (AED)

Where can one find additional information?

- Contact your primary health care provider
- American Heart Association (www.heart.org)