

**ATHLETES WILL NOT BE PERMITTED TO ATTEND PRACTICE UNTIL ALL
FORMS HAVE BEEN SUBMITTED AND FEES PAID.**

BRISTOL BAY BOROUGH SCHOOL DISTRICT PARTICIPATION AGREEMENT

Student's Name (please print): _____

As a student participant of this Bristol Bay Borough School District activity, I agree to the following:

1. I will obey the instructions of my supervising adult in a respectful manner the first time asked. The decision of the authorized chaperone is final.
2. The chaperone is to know and agree to my whereabouts at all times. I accept responsibility for my own actions and will act in a mature manner at all times that I am representing myself, my family, my town and the Bristol Bay Borough School District at all times.
3. I will attend and participate in all of the scheduled activities.
4. I will adhere to the Illegal Substances Policies of Bristol Bay Borough School District and know that I will be sent home immediately if this policy is violated. This policy states that use of tobacco products, alcohol, or illegal substances by students is not tolerated and that use of drugs/alcohol by chaperones on school trips is also not allowed.
5. I will be responsible for any expenses not provided for (i.e. meals, telephone charges, videos, hotel movies, property damage, etc.)
6. I understand that violations of any of the above agreements may result in the immediate expulsion from the activity and that my parent/guardian will be notified that I am being sent home – AT THE PARENT/GUARDIAN'S EXPENSE. The school may enforce additional penalties (i.e. Ineligible for future travel, suspension, or expulsion).

Student Signature: _____ Date: _____

As the parent/guardian of the above named student:

1. I understand that the Bristol Bay Borough School District does not carry activity insurance and will not assume responsibility for injuries sustained in travel activities.
2. I have read and agree to the terms stated above concerning student participation.
3. I have read the parent guide to concussions in sports.

Parent/Guardian Signature: _____ Date: _____

Home Phone number: _____ Work Phone number: _____

BRISTOL BAY BOROUGH SCHOOL DISTRICT SPORTS ACTIVITY WAIVERS

I, _____ hereby attest that I am in good enough physical condition and have the proper background to participate in: (Please check one or more activities)

___ Cross Country ___ Basketball ___ Volleyball ___ Wrestling ___ NYO

I have had a physical examination by a qualified physician and the results are on file with the school office.

Sports and athletic events by their very nature have inherent risks. The act of participating and playing competitive activities with the starting and stopping at full speed, could result in leg and ankle injuries, and/or muscle pulls, strains, and sprains to various parts of the body. During competition between two teams in a contact or noncontact event involving athletic equipment such as bats, sticks, racket's, and/or balls (the preceding were examples of athletic equipment which is not to indicate that these items are the only equipment covered by this waiver) serious eye injuries may occur paralysis could occur during wrestling, gymnastics, basketball, volleyball, or any other activity. These are just some examples of the possible injuries, which might occur while participating in an athletic activity.

I have read the above statement. I know, understand, and appreciate the risks involved in athletic activities.

Student Signature

Date

Parent/Guardian Signature

Date

ACTIVITIES ELIGIBILITY POLICY(Applicable to grades 6-12).

- A. Eligibility will be determined on a weekly basis every Monday. The eligibility period is Monday through Sunday of every week.
- B. Students are:
 - (1) Ineligible if they earn three D's, two U's or an F (students may not attend meeting/practices or participate in any activities/competition).
 - (2) Ineligible to participate in any activities/competition if they earn two D's (students may attend meetings/practices only).

CONDITIONS OF ELIGIBILITY

ALASKA SCHOOL ACTIVITIES ASSOCIATION GUIDELINES: A student must meet ASAA eligibility guidelines.

CONDUCT: Inappropriate conduct may result in the loss of eligibility.

ALCOHOLIC BEVERAGES & ILLEGAL DRUGS: An activity participant having possession or using a controlled substance during the season, on or off campus, will be subject to suspension from the team, suspension from school or expulsion.

SMOKING: Is not permitted by Alaska State Law for people under the age of 19 and will be grounds for suspension from all activities.

PHYSICAL EXAMINATION: Each athlete must pass a physical examination before practicing.

By signing in the space provided below, I am agreeing to the above terms and conditions.

Student Signature

Date

Parent/Guardian Signature

Date



Play for Keeps

ALASKA SCHOOL ACTIVITIES ASSOCIATION

Student, Parent/Guardian Acknowledgement Form

Please read the following statements, sign below and return to your school's office

- I have participated in ASAA's "Play for Keeps" orientation and have watched the DVD presentation.
- I understand the terms of the Tobacco, Alcohol and Controlled Substances Policy as explained during the presentation, including the penalties for violations.
- I further understand that it is solely the school's responsibility to determine if a violation has occurred and that the school's decision may not be appealed to ASAA.
- I further understand that schools are required to report each violation to ASAA and to maintain strict confidentiality as specified in the policy. More specific wording of the confidentiality statement is found in the policy which is available from the school or at www.asaa.org.
- I further understand that students must participate in the orientation and sign this form each season prior to competition.
- I further understand that a student's parent/guardian must participate in the orientation and sign this form at least annually for the student to gain eligibility.
- I further understand that a copy of this signed form must be returned to the school before the student is permitted to participate in interscholastic activities.
- I further understand that schools shall keep a copy of the signed forms on file.
- After participating in the "Play for Keeps" orientation and having the opportunity to review and understand ASAA's Tobacco, Alcohol and Controlled Substances Policy, the violations, penalties and reporting requirements, I agree (both student and parent/legal guardian) to be bound by the terms of the policy.

Printed Name of Student

Student Signature

Date
 / / 200

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date
 / / 200

Sport or Activity

School

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

STUDENT

Student Last Name	Student First Name	MI	Date of birth	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	Zipcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Phone	Email			
<input type="text"/>	<input type="text"/>			
School				
<input type="text"/>				

PARENT/GUARDIAN

Parent/Guardian Last Name	Parent/Guardian First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Email	
<input type="text"/>	<input type="text"/>	

COACH/ADVISOR

Coach/Advisor Last Name	Coach/Advisor First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

PRINCIPAL

Principal Last Name	Principal First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
School	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

Continuation

CONSENT FOR PARTICIPATION

I hereby give my consent for the above named student to engage in ASAA or school district approved interscholastic activities as a representative of his/her school. I also give my consent for the the above named student to accompany the group as a member on out-of-town trips. I have received and have reviewed the "Parents Guide to Concussion in Sports."

Parent/Guardian name (please print) <input style="width: 95%; height: 25px;" type="text"/>	Parent/Guardian signature <input style="width: 95%; height: 25px;" type="text"/>	Date <input style="width: 95%; height: 25px;" type="text"/>
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INSURANCE COVERAGE

I understand that the Alaska State Board of Education and Alaska School Activities Association (ASAA) do not carry medical or liability insurance covering students traveling for interscholastic activities. I HEREBY WAIVE ON BEHALF OF MYSELF AND THE ABOVE NAMED STUDENT ANY LIABILITY RESPONSIBILITIES OF THE BOARD OF EDUCATION OR ASAA, EITHER ORGANIZATIONALLY OR FOR ANY OF ITS OFFICERS, AGENTS OR EMPLOYEES, FOR INJURIES OR DAMAGES SUSTAINED IN THE INTERSCHOLASTIC PROGRAM. I also understand that medical or liability insurance is my responsibility.

Parent/Guardian name (please print) <input style="width: 95%; height: 25px;" type="text"/>	Parent/Guardian signature <input style="width: 95%; height: 25px;" type="text"/>	Date <input style="width: 95%; height: 25px;" type="text"/>
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CONSENT FOR EMERGENCY MEDICAL TREATMENT

In consideration of the above named student's opportunity to participate in interscholastic activities, I hereby give my consent to medical examination, emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named student, by a physician, nurse practitioner, PA, athletic trainer, community health aid, and/or hospital in the event of illness or injury during all periods of time in which the student is away from his or her legal residence as a member of an interscholastic activity group. I further hereby waive on behalf of myself and the above named student, any liability of the school district or ASAA, its officers, agents or employees, arising out of such medical treatment.

Coverage is provided as follows: Native Services Military Private Insurance Carrier
 None. I will assume financial responsibilities for injuries.

Name of Insurer: _____ Policy Number: _____ Phone of Insurer: _____

Parent/Guardian name (please print) <input style="width: 95%; height: 25px;" type="text"/>	Parent/Guardian signature <input style="width: 95%; height: 25px;" type="text"/>	Date <input style="width: 95%; height: 25px;" type="text"/>
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Parent/Guardian phone number <input style="width: 95%; height: 25px;" type="text"/>	Parent/Guardian emergency phone number <input style="width: 95%; height: 25px;" type="text"/>
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Personal Physicians Name <input style="width: 95%; height: 25px;" type="text"/>	Personal Physicians phone number <input style="width: 95%; height: 25px;" type="text"/>
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ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.
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A PARENT GUIDE TO CONCUSSIONS IN SPORTS

WHAT IS A CONCUSSION?

- A concussion is a brain injury which results in a temporary disruption of normal brain function. The injury occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a direct or indirect force. An athlete does not have to lose consciousness (“knocked-out”) to suffer a concussion.

CONCUSSION FACTS

- It is estimated that over 140,000 high school athletes across the United States suffer a concussion each year. (Data from NFHS Injury Surveillance System).
- Concussions occur most frequently in football, but girl’s soccer, boy’s soccer, and girl’s basketball follow closely behind. All athletes are at risk.
- A concussion is a traumatic injury to the brain.
- Concussion symptoms may last from a few days to many months.
- Concussions can cause symptoms which interfere with school, work, and social life.
- An athlete should not return to sports when still having symptoms from a concussion as they are at risk for prolonging symptoms and further injury.
- A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to fully recognize.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

SIGNS OBSERVED BY PARENTS, FRIENDS, TEACHERS OR COACHES	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Headache
Is confused about what to do	Nausea
Forgets plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or fuzzy vision
Moves clumsily	Sensitivity to light or noise
Answers questions slowly	Feeling sluggish
Loses consciousness	Feeling foggy or groggy
Shows behavior or personality changes	Concentration or memory problems
Can’t recall events prior to hit	Confusion
Can’t recall events after hit	

WHAT SHOULD I DO IF I THINK MY CHILD HAS HAD A CONCUSSION?

If an athlete is suspected of having a concussion, he or she must be immediately removed from play, be it a game or practice. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death. Parents, coaches, and officials are not expected to be able to “diagnose” a concussion, as that is the job of a medical professional. However, you must be aware of the signs and symptoms of a concussion and if you are suspicious, then your child must stop playing:

A PARENT GUIDE TO CONCUSSIONS IN SPORTS

WHAT CAN I DO?

- Learn to recognize the “Signs and Symptoms” of concussion as listed above.
- Emphasize to administrators, coaches, and other parents your concerns and expectations about concussion and safe play.
- Teach your child to tell the coaching staff if they suspect that a teammate has a concussion.
- Monitor sports equipment for safety, fit, and maintenance.
- Ask teachers to monitor any decrease in grades or changes in behavior that could indicate concussion.
- Report concussions that occurred during the school year to appropriate school staff. This will help in monitoring injured athletes as they move to the next season’s sports.

OTHER FREQUENTLY ASKED QUESTIONS

- *Why is it so important that an athlete not return to play until all they have completely recovered from a concussion?*

Athletes who are not fully recovered from an initial concussion are significantly vulnerable for recurrent, cumulative, and even catastrophic consequences of a second concussive injury. Such difficulties are prevented if the athlete is allowed time to recover from the concussion and return to play decisions are carefully made. No athlete should return-to-sport or other at-risk participation when symptoms of concussion are present and recovery is ongoing.

- *Is a “CAT scan” or MRI needed to diagnose a concussion?*

Diagnostic testing, which includes CT (“CAT”) and MRI scans, are rarely needed following a concussion. While these are helpful in identifying life-threatening brain injuries (e.g. skull fracture, bleeding, swelling), they are typically normal, even in athletes who have sustained a severe concussion. A concussion is diagnosed based upon the athlete’s story of the injury and a physical examination.

- *What is the best treatment to help my child recover more quickly from a concussion?*

The best treatment for a concussion is rest. There are no medications that can speed the recovery from a concussion. Exposure to loud noises, bright lights, computers, video games, television and phones (including text messaging) all may worsen the symptoms of a concussion. You should allow your child to rest as much as possible in the days following a concussion. As the symptoms lessen, you can allow increased access to computers, video games, etc., but the access must be lessened if symptoms worsen.

- *How long do the symptoms of a concussion usually last?*

The symptoms of a concussion will usually go away within a week of the initial injury. However, in some cases symptoms may last for several weeks, or even months. Symptoms such as headache, memory problems, poor concentration, and mood changes can interfere with school, work, and social interactions. The potential for such long-term symptoms indicates the need for careful

A PARENT GUIDE TO CONCUSSIONS IN SPORTS

management of all concussions.

- *How many concussions can an athlete have before he or she should stop playing sports?*

There is no “magic number” of concussions that determine when an athlete should give up playing contact or collision sports. The circumstances surrounding each individual injury, such as mechanism of injury and length of symptoms following the concussion, are very important and must be considered when assessing an athlete's risk for further and potentially more serious concussions. The decision to “retire” from sports can only be reached following a thorough review of the athlete's concussion history, coupled with a thorough and frank discussion between you, your doctor, and your child.

- *I've read recently that concussions may cause long-term brain damage in professional football players. Is this a risk for high school athletes who have had a concussion?*

The issue of “chronic encephalopathy” in several former NFL players has received a great deal of media attention lately. Very little is known about what may be causing dramatic abnormalities in the brains of these unfortunate former players. At this time we have very little knowledge of the long-term effects of concussions which happen during high school athletics.

In the cases of the NFL players, it appears that most had long careers in the NFL after playing in high school and college. In most cases, they played football for over 20 years and suffered multiple concussions in addition to hundreds of other blows to their heads. Alcohol and steroid use may also be contributing factors in these cases. Obviously, the average high school athlete does not come close to suffering the total number or shear force of head trauma seen by professional football players. However, the fact that we know very little about the long-term effects of concussions in young athletes is further reason to very carefully manage each concussion.

Some of this information has been adapted from the CDC's “Heads Up: Concussion in High School Sports” materials by the OSAA's Medical Aspects of Sports Committee. Please go to www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm for more information.

If you have any further questions regarding concussions in high school athletes or want to know how to find a concussion specialist please contact Michael C. Koester, MD, ATC at michael.koester@slocum-center.com.

ASAA SMAC rev 7 2010

A PARENT GUIDE TO CONCUSSIONS IN SPORTS

WHEN IN DOUBT, SIT THEM OUT!

All athletes who sustain a concussion need to be evaluated by a health care professional who is familiar with sports concussions. You should call your child's physician and explain what has happened and follow your physician's instructions. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions he or she should be taken to the emergency department.

WHEN CAN AN ATHLETE RETURN TO PLAY FOLLOWING A CONCUSSION?

After suffering a concussion, *no athlete should return to play or practice on that same day.* Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown us that the young brain does not recover quickly enough for an athlete to return to activity in such a short time.

Concerns over athletes returning to play too quickly have led state lawmakers in both Oregon and Washington to pass laws stating *that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play in games or practices.* The laws also mandate that coaches receive education on recognizing the signs and symptoms of concussion.

Once an athlete no longer has symptoms of a concussion and is cleared to return to play by health care professional knowledgeable in the care of sports concussions, the athlete should proceed with activity in a step-wise fashion to allow the brain to re-adjust to exertion. On average, the athlete will complete a new step each day. An individual athlete may progress more quickly or more slowly based on their symptoms. Following medical clearance, the return to play schedule should proceed as below:

- Step 1: Light exercise, including walking or riding an exercise bike. No weight-lifting.
- Step 2: Running in the gym or on the field. No helmet or other equipment.
- Step 3: Non-contact training drills in full equipment. Weight-training can begin.
- Step 4: Full contact practice or training.
- Step 5: Game play.

If symptoms occur at any step, the athlete should cease activity and be re-evaluated by their health care provider.

HOW CAN A CONCUSSION AFFECT SCHOOLWORK?

Following a concussion, many athletes will have difficulty in school. These problems may last from days to months and often involve difficulties with short and long-term memory, concentration, and organization.

In many cases it is best to lessen the athlete's class load early on after the injury. This may include staying home from school for a few days, followed by a lightened schedule for a few days, or perhaps a longer period of time, if needed. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time.