

ST. ALOYSIUS SPORTS PARTICIPATION FORM
Registration, Consent, Medical Authorization, Acknowledgment, and Waiver

STUDENT'S NAME: _____ GRADE _____

DATE OF BIRTH: _____

MOTHER'S (GUARDIAN'S) NAME: _____

MOTHER'S E-MAIL ADDRESS (Most Checked): _____

PHONE: Home No. _____ Work No. _____ Cell No. _____

HOME ADDRESS: _____ Zip Code _____

FATHER'S (GUARDIAN'S) NAME: _____

FATHER'S E-MAIL ADDRESS (Most Checked): _____

PHONE: Home No. _____ Work No. _____ Cell No. _____

HOME ADDRESS: _____ Zip Code _____

HEALTH INSURANCE CO. _____ POLICY NO. _____

ALLERGY OR OTHER PHYSICAL CONDITION: _____

MEDICATION BEING TAKEN: _____

STUDENT'S DOCTOR'S NAME: _____ PHONE: _____

PERSONS (NON-PARENT) TO CONTACT IN EVENT OF AN EMERGENCY:

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

I, the undersigned, consent for my child, named above, to participate in boys football or girls volleyball (as applicable), basketball, cross country, and track. My child has no known physical or other condition that would limit or restrict participation. I will notify the coach or athletic director if there is any change in my child's condition that would limit or restrict my child's participation.

I understand that while participating in a sport, there is a possibility that my child may sustain physical illness or injury (minimal, serious, or catastrophic). I further understand that my child is assuming the risk of such physical illness or injury from, but not limited to, falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport, and I release St. Aloysius Catholic School, as well as its representatives including the coach, from any claim for such illness or injury that my child may sustain while participating in the program.

In order that my child may receive the necessary medical treatment for injury or illness sustained while participating in either program and only in the event that I cannot be reached after a reasonable effort to do so, I authorize the coach to obtain medical treatment for my child for such injury or illness, and I hold the Diocese of Baton Rouge, St. Aloysius Church, and St. Aloysius Catholic School, as well as its representatives including the coach, harmless in exercise of this authority.

I understand that I will be responsible for any medical bills that may be incurred on behalf of my child for physical illness and injury that my child may sustain while participating in a sport. **I certify that my child's activities in any sport is covered by the accident and health insurance described above.**

I acknowledge that I have received, read, and agree to fulfill the expectations and comply with the provisions of the St. Aloysius Parent/Student Handbook and the St. Aloysius Athletics Handbook.

DATE

PARENT OR GUARDIAN

(OVER FOR MORE)

Athletic Participation Contract As a St. Aloysius Catholic School parent, I request that my child be permitted to participate in school sponsored or based extracurricular athletics. I understand that I am entering into a voluntary contract between myself as parent of a school student and the school for participation in such activities. I agree to governed by, cooperate with, and support the rules, regulations, policies, and procedures of the Diocese of Baton Rouge, St. Aloysius Catholic School, and, as applicable, the Catholic School Athletic League or the Baton Rouge CYO, the Student-Parent School Handbook, and the Athletics Handbook and any other provisions published by the school administration. I understand that I must be familiar with and accountable for these rules, regulations, policies and procedures which govern participation in school athletics.

As a player, I understand that I must fulfill all religious and academic responsibilities to St. Aloysius Catholic School and St. Aloysius Parish, and conduct myself as a committed Christian in school, outside of school, and in particular at any activity involving athletic competition representing the school. I agree to be bound by the rules, regulations, policies, and procedures regarding athletics and to submit myself to the application of the rules.

As a parent, I understand my responsibilities and obligations to see that my student fulfills his/her religious and academic responsibilities including school work and homework assignments and complies with the rules and regulation for participation in school athletics. I further agree I will conduct myself in a responsible and mature Christian manner at all times at all practices and contests, that I will show respect for authority, and will engage in no activity or conduct which in any way is disrespectful, combative or confrontational, or questions the jurisdiction of the pastor, school principal, athletic director, coach, officials or anyone connected with the conduct of school athletics.

As player and parent, we acknowledge that a violation of the rules and regulations may result in forfeiture of ability to participate in athletics representing St. Aloysius Catholic School. Our signatures mean that we understand and accept these conditions for the participation of our student and family, which are binding through our student's graduation from St. Aloysius Catholic School.

Parent/Athlete Concussion Information (from Center on Disease Control - www.cdc.gov/Concussion)

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION? Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to the head or body, the athlete should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says the athlete is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHES

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

SYMPTOMS REPORTED BY ATHLETES

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or "feeling down"

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. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body she/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHAT SHOULD AN ATHLETE REPORT THEIR SYMPTOMS? If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, she/he is much more likely to have another concussion. Report concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION? If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says he/she is symptom-free and it's OK to return to play. Rest is key in helping an athlete recover from a concussion. 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. After a concussion, returning to sports and school is gradual process that should be carefully managed and monitored by a health care professional.

Student signature

Parent signature

(OVER FOR MORE)