

Kansas School for the Deaf

2021-2022

Athletic Clearance Packet

Parents/Guardian/Student-Athlete,

Prior to student/athlete's participation in KSD Athletics, these forms need to be filled out completely. Included in this packet are:

- *Code of Ethics*
- *Informed Consent*
- *Parent & Athlete Agreement Form*
- *Medical Coverage/Emergency Contact/Authorization for Treatment*
- *Concussion & Head Injury Information Release*
- *Pre-Participation Physical Evaluation Form*

Completed and signed forms are required prior to participating in practices, scrimmages, or athletic competitions. No exceptions will be granted. Please bring completed forms to Enrollment Day.

If you have any questions or concerns, please feel free to contact the Athletic Department at (913) 324-5846 VP or dmuszynski1@kssdb.org.

Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

- 1. Place academic achievement as the highest priority.*
- 2. Show respect for teammates, opponents, officials and coaches.*
- 3. Respect the integrity and judgment of game officials.*
- 4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.*
- 5. Maintain a high level of safety awareness.*
- 6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.*
- 7. Adhere to the established rules and standards of the game to be played.*
- 8. Respect all equipment and use it safely and appropriately.*
- 9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.*
- 10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.*
- 11. Win with character, lose with dignity.*

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician.

We also understand that the Kansas School for the Deaf policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Date

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis.

INFORMED CONSENT
AWARENESS OF SPORT INJURY RISK
WARNING AND AGREEMENT

By its very nature, competitive athletics can put students in situations in which serious, catastrophic and perhaps fatal accidents could occur.

Students and parents/guardian must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, participation in athletics is inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. Emergency and any type of medical services, such as an ambulance, will be used in emergency situations as determined by staff. The child's parents or guardian are responsible for the expense of these services.

By granting permission to your son/daughter to participate in athletic competition, a parent/guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. Both the athlete and parent must understand that the dangers and risks of playing or practicing include but are not limited to: death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and potential impairment to other aspects of the body, general health and well-being.

Because of the dangers of participating in sports, we (parent and player) recognize the importance of following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instructions.

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirement.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

If any of the foregoing is not completely understood and you have questions, please contact the school athletic director or school administrator for further information. This paper, with signature, will be kept on file with the athletic director. I have read and understand the information above and give my son/daughter permission to participate.

I have read and understand the information above and give my son/daughter permission to participate.

Parent Signature

Date

__ Student Signature

Date

KANSAS SCHOOL FOR THE DEAF

ATHLETICS
2021-22 Parent Agreement

To better enhance our student-athletes experience at KSD we will agree to:

- *Accompany my children to as many orientation/informational meetings as possible.*
- *Accept the authority of the coach to determine strategy and player selection*
- *Avoid the use of tobacco and under the influence of alcohol during games or practices*
- *Help my child follow the athlete's code of conduct, team agreement, and rules*
- *Encourage my child during games and leave the coaching job to the coaches*
- *Ensure my child attend all practice and games. If my child cannot attend, encourage them to be responsible to notify the coaches.*
- *Say only positive or neutral comments to coaches, officials, fans, and players of all teams.*
- *Show enthusiasm, interest, and support for all players.*
- *Work closely with all programs at KSD (academic, athletic, student life, and others) to ensure success.*
- *Not to meet with coaches after game days and to make appointments after the game*
- *Not to meet with coaches to discuss coaches strategy or player rotation or use.*
- *Respect sideline and boundaries set for the team.*
- *Encourage your child to talk to their coaches if they are frustrated and learn how to resolve their frustrations and improve.*

2020-21 Athlete's Agreement

I understand that:

- 1) *I must refrain from failing class in order to participate in any athletic program.*
- 2) *I must be committed to my sport and attend all practices, games, and tournaments unless illness or emergency situations arise. A lack of commitment to my current sport, may cause me to miss some games this season.*
- 3) *On the day of a contest, I must attend at least 6 full class periods or 3 full block periods.*
- 4) *Possession, use, sale, furnishing or being under the influence of alcohol, drugs, or any controlled substance (tobacco/cigarettes) will result in disciplinary action and possible removal from the team.*
- 5) *I am financially responsible for ALL uniforms & athletic equipment issued to me and WILL PAY for lost or damaged items.*
- 6) *Equipment and uniforms not returned will remain as athletic debts on my account and will prevent report cards, transfer to the next sport, registration and or graduation.*
- 7) *I must pay all fees related to my sport before playing the next sport season.*
- 8) *At any time when I feel or experience a head injury, I must report it to both, my coaches and parents/guardians.*

Student's Agreement: I agree to participate under the above stated conditions.

Student's Signature

Date

Parent's Agreement: We, the parents/legal guardians have read and understand the athlete's and parents agreement. We also understand and agree that my child is subject to all KSD and KSHAA eligibility requirement. We also understand and agree that we are financially responsible for any items lost, stolen or damaged by my child.

Parent/Guardian's Signature

Date

KANSAS SCHOOL FOR THE DEAF
ATHLETIC DEPARTMENT

**EMERGENCY CONTACT
AUTHORIZATION FOR TREATMENT
2020-2021**

Name: _____ **Grade:** _____

Date of Birth: ____/____/____

PARENT/ EMERGENCY CONTACT INFORMATION

Name _____ **Phone Number (Home)** _____

Address _____ **Phone Number (Work)** _____

City, State, Zip _____ **Mobile Phone Number (Text)** _____

E-Mail _____

AUTHORIZATION TO TREAT A MINOR

I hereby give my consent for the above-named student to represent his/her school in athletic activities, and to accompany any school team of which he/she is member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree we/I will not hold the school or anyone acting in its behalf responsible for any injury occurring to the above-named student in the course of such athletic activities or such travel. Emergency and any type of medical services, such as an ambulance, will be used in emergency situations as determined by staff. The child's parents or guardian are responsible for the expense of these services.

Parent/ Guardian Signature

Date

**KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM
2020-2021**

This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.

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:	
<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:	
<ul style="list-style-type: none"> ● 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 	<ul style="list-style-type: none"> ● 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

Adapted from the CDC and the 3rd International Conference in Sport

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 (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries.

And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

Cognitive Rest & Return to Learn

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

Return to Practice and Competition

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.kansasconcussion.org/>

For concussion information and educational resources collected by the KSHSAA, go to:

<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date