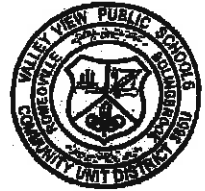




VALLEY VIEW SCHOOL DISTRICT 365U

A. VITO MARTINEZ
MIDDLE SCHOOL

**ATHLETIC AND ACTIVITY
PARTICIPATION/PERMISSION**



This information sheet is used by the coach/activity sponsor to verify they have the most up to date information about a student participating in a sport or activity. This form may be required for each sport, season, and/or activity. There are participation fees (non-refundable) associated with all sports and most club activities.

School Year: _____ SPORT/ACTIVITY: _____ Season: _____

PART 1: STUDENT INFORMATION

Student Name: _____ Student ID# _____ Sex: Male
(PLEASE PRINT)

Grade Level: (circle one) 6th 7th 8th Date of Birth: _____

Parent/Guardian Name: _____ Email: _____
(PLEASE PRINT)

Cell Phone: _____ Home Phone: _____

PART 2: IN CASE OF EMERGENCY/INJURY AND /PARENT PERMISSION (to be completed by parent/guardian)

Emergency Phone #: _____ Alt Emergency Phone # _____

Health Concerns/Allergies: _____

Medications currently taking: _____

In case of a medical emergency/illness/injury that occurs while participating in school sponsored activities, when I cannot be contacted at the phone numbers listed above, I GIVE MY PERMISSION for the school athletic training staff/coaching staff/club sponsor to use their best judgment in seeking emergency medical treatment for my student. I understand that Valley View School District 365U encourages me to carry medical insurance for my student participating in sports and activities. The District carries CATASTROPHIC coverage only (requiring a \$25,000 deductible) in the event of student accidents/injuries. The school office and the District website have information about a voluntary/parent paid student accident policy that could cover student injuries during school hours and 24-hour policies.

I am the parent(s)/guardian(s) of the above named student. I have read and understand the information above and have read and signed the IHSA Performance-Enhancing Drug Policy and the Concussion Information Sheet on the reverse side of this form. I understand that sports and activities can involve many risks of injury and agree to hold Valley View School District 365U 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 the participation of my student in any sport or activity. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the athletic/activity program.

Signature of Parent/Guardian _____ Date _____

PART 3: STUDENT ATHLETIC/ACTIVITY PARTICIPATION AGREEMENT

I certify that I have received a copy of the school handbook that includes athletic/activity guidelines for participation, including the I.E.S.A. Eligibility Rules and the Athletic Code of Conduct, which prohibits the possession or use of the following: alcoholic beverages, illegal drugs or controlled substances, and tobacco of any form. I also understand that I must have a current athletic physical before I am allowed to participate in any team practice or competition. My participation requires me to be a positive and responsible representative of my school's athletic/activity program, which includes the observance of all team rules and athletic/activity guidelines. I have read and signed IHSA Performance-Enhancing Drug Policy and the Concussion Information sheet on the reverse side of this form.

Signature of Student _____ Date _____

**IHSA (Illinois High School Association)
PERFORMANCE-ENHANCING SUBSTANCE TESTING POLICY
PARENT AND STUDENT AGREEMENT/ACKNOWLEDGEMENT**

- Illinois state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Illinois state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Illinois state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Illinois Department of Corrections.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in IHSA athletic activities, I agree that I will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of performance-enhancing substances in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I understand that testing may occur during selected IHSA state series events or during the school day. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by IHSA.

Student-athlete Name Printed

Student-athlete Signature

Date

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in IHSA athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from performance-enhancing substance use and may be asked to submit to testing for the presence of performance-enhancing substances in his/her body. I understand that testing may occur during selected IHSA state series events or during the school day. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by IHSA.

Parent/Guardian Name Printed

Relationship to Student

Parent/Guardian Signature

Date

CONCUSSION INFORMATION

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-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 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. The Return-to-Play Policy of the IESA and IHSA 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 returning 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: <http://www.cdc.gov/concussioninyouthsports/>

Student-athlete Name Printed

Student-athlete Signature

Date

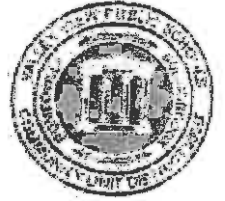
Parent/Guardian Name Printed

Relationship to Student

Parent/Guardian Signature

Date

Please remove attached additional concussion information and retain



Concussion Information Sheet

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:

- Headaches
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light or noise
- Feeling foggy or groggy
- Change in sleep patterns
- "Don't feel right"
- Sadness
- Irritability
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment
- "Pressure in head"
- Neck pain
- Blurred, double, or fuzzy vision
- Feeling sluggish or slowed down
- Drowsiness
- Amnesia
- Fatigue or low energy
- Nervousness or anxiety
- More emotional

Signs observed by school staff, coaches and parent(s)/guardian(s) include:

- Appears dazed
- Confused about assignment
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Shows behavior or personality changes
- Can't recall events after hit
- Any change in typical behavior or personality
- Loses consciousness
- Vacant facial expression
- Forgets plays
- Slurred speech
- Answers questions slowly
- Can't recall events prior to hit
- Seizures or convulsions

What can happen if my child continues activity with a concussion or returns to activity too soon?

Students with the signs and symptoms of concussion should be removed from physical activity. Continuing with a physical activity with the signs and symptoms of a concussion leaves the young student 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 student 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 students 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 safety.

If you think your child has suffered a concussion

Any student even suspected of suffering a concussion should be removed from the physical activity immediately. No student 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 student should continue for several hours. In regards to athletes, IHSA 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 returning 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 IHSA member 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.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>



Student Name

Printed Student Signature

Date



Parent or Legal Guardian
Printed

Parent or Legal Guardian
Signature

Date



Valley View Public Schools

Administrative Services

801 W. Normantown Rd
Romeoville, IL 60446
Phone: 815.886.2700

WAIVER OF LIABILITY AND INDEMNIFICATION ACTIVITY: _____

To be signed by adults if the participant is under 18 years of age.

Acknowledgement and Assumption of Risk: The undersigned does hereby acknowledge that he/she is aware of the dangers and the risks to the participant's person and property involved in participating in the Valley View School District (the "District") activity listed above.

The undersigned understands that this activity involves certain risks for physical injury to the participant, as well as risks regarding exposure to COVID-19. By participating in this activity, the undersigned acknowledges he or she may be increasing the risk of exposure, or infection that may result in personal injury, illness, permanent disability and death. I understand that being exposed to or infected by COVID-19 at the activities and events may result from the actions, omissions or negligence of myself and others including, but not limited to staff, volunteers, coaches, program participants and their families. The undersigned also understands that there are potential risks that may presently be unknown. Because of the dangers of participating in this activity, the undersigned recognizes the importance of complying, and agrees to fully comply, with the applicable laws, policies, rules and regulations, and any supervisor's instructions regarding participation in this activity, including instructions related to social distancing precautions, wearing face coverings, physical separation, and sanitization.

The undersigned understands that the District does not insure participants in the above-described activity, that any coverage would be through personal insurance, and the District has no responsibility or liability for injury or illness resulting from this activity.

The undersigned acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury or illness, or death.

Waiver of Liability and Indemnification:

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, the participant, his/her personal representatives, heirs, next of kin, successors and assigns, the undersigned forever:

a.) **waives, releases, and discharges the District**, its board members, agents, officers, and employees from any and all liability for the participant's disability, personal injury or illness, permanent disability, property damages, property theft, death or claims of any nature which may hereafter accrue to the participant, and the participant's estate as a direct or indirect result of participation in the activity or event; and

b.) **defend, indemnify, and hold harmless the District** its board members, agents, officers and employees, from and against any and all claims of any nature including all costs, expenses and attorneys' fees, which in any manner result from participant's actions during this activity or event.

I, the undersigned, affirms that I am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to myself, the minor participant regarding any losses the participant may sustain as a result of participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

READ ABOVE BEFORE SIGNING BELOW:

Name of Student: _____ Age of Student: _____

Signature of Student if 18 or older: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Valley View Community Unit District 365U
"An Uncommon Commitment to Quality in Education"