

CEDAR GROVE - BELGIUM MIDDLE SCHOOL - ATHLETIC PARTICIPATION FORM

(All athletes must have this form on file at school prior to the first practice.)

2021-2022

PART 1 - MUST BE FILLED OUT COMPLETELY EVERY YEAR

Student Name: _____ Sport(s): _____ Grade: _____

Activity Fee: \$15.00 PER Activity/Sport - REQUIRED

Please pay at the time of participation.

Office Use ONLY: Cash: ___ Check #: _____ Amount: _____

Parent/Guardians: _____ Phone: _____

Student's Primary Address: _____

Parents' Place of Employment: _____

Family Physician: _____ Family Dentist: _____

Health Insurance Carrier: _____ Phone Number: _____

Primary Insured Name: _____ Policy Number: _____

PERMISSION TO PARTICIPATE:

- I hereby give permission for the above named student to practice, compete and represent Cedar Grove - Belgium Middle School in interscholastic sports. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.

RESPONSIBILITY TO RETURN ALL SCHOOL-ISSUED EQUIPMENT AND UNIFORMS:

- I agree to be financially responsible for the return of all equipment and uniforms issued to the above student and agree to reimburse the school for the replacement value of lost/stolen/damaged uniforms and/or equipment. I understand that any failure to reimburse may affect the student's athletic eligibility.

PERMISSION FOR EMERGENCY MEDICAL CARE

- I grant permission for the above student, in case of injury during athletic participation, to be given emergency attention/care by the athletic trainer, team physician, or any other physician present and to be conveyed to an emergency medical facility if needed. I understand that all costs associated with such treatment will be the responsibility of the parents/guardians, and that the Cedar Grove - Belgium Schools will assume no liability for the costs.

INFORMED CONSENT

- I understand that injuries could occur as a result of athletic participation, and that these injuries could include minor injuries. I understand that it is also possible that a catastrophic injury could result in paralysis or death due to athletic participation.

RECEIPT OF CONCUSSION EDUCATION AND CODE OF CONDUCT:

- By signing, we agree that we have read and understand the Concussion Policy, and agree to abide with all information contained in these sheets.

PARENT-ATHLETE ATHLETIC CODE AND WIAA ELIGIBILITY BULLETIN:

-By signing this form, we are attesting to the fact that we have read and understood and will abide by the rules and regulations set forth in the Middle School Athletic Code. This can be found on page 9 of the handbook portion of student assignment notebooks as well as posted on the middle school webpage, <http://www.cgbsd.com/2/home> click "Middle School Athletics".

Parent/Guardian Signature: _____ Date: _____

Student-Athlete Signature: _____ Date: _____

Part 2 - MUST BE FILLED OUT BY PHYSICIAN WHEN PHYSICAL IS NEEDED

Physical examination taken April 1 and thereafter is valid for the following two school years.

Physical examination taken before April 1 is valid only the remainder of that school year and the following school year.

The above student-athlete has been examined and may participate in interscholastic athletics. Any exceptions are listed:

Other medical information: _____

Name of Physician (Print/Type): _____ Physician's Phone Number: _____

Physician's Group and Address: _____

Signature of Licensed Physician: _____ Date of Exam: _____

Concussion Information - When in Doubt, Sit Them Out!

1. Before a student may participate in practice or competition: At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.
2. An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.
3. A person who has been removed from a youth athletic activity may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

These are some SIGNS concussion (what others can see in an injured athlete):	These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):
<ul style="list-style-type: none"> Dazed or stunned appearance Change in the level of consciousness or awareness Confused about assignment Forgets plays Unsure of score, game, opponent Clumsy Answers more slowly than usual Shows behavior changes Loss of consciousness Asks repetitive questions or memory concerns 	<ul style="list-style-type: none"> Headache Nausea Dizzy or unsteady Sensitive to light or noise Feeling mentally foggy Problems with concentration and memory Confused Slow

Injured athletes can exhibit many or just a few of the signs and/or symptoms of concussion. However, if a player exhibits any signs or symptoms of concussion, the responsibility is simple: remove them from participation. "When in doubt sit them out."

It is important to notify a parent or guardian when an athlete is thought to have a concussion. Any athlete with a concussion must be seen by an appropriate health care provider before returning to practice (including weight lifting) or competition.

RETURN TO PLAY

Current recommendations are for a stepwise return to play program. In order to resume activity, the athlete must be symptom free and off any pain control or headache medications. The athlete should be carrying a full academic load without any significant accommodations. Finally, the athlete must have clearance from an appropriate health care provider.

The program described below is a guideline for returning concussed athletes when they are symptom free. Athletes with multiple concussions and athletes with prolonged symptoms often require a very different return to activity program and should be managed by a physician that has experience in treating concussion.

The following program allows for one step per 24 hours. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify their healthcare provider before progressing to the next level.

STEP ONE: About 15 minutes of light exercise: stationary biking or jogging

STEP TWO: More strenuous running and sprinting in the gym or field without equipment

STEP THREE: Begin non-contact drills in full uniform. May also resume weight lifting

STEP FOUR: Full practice with contact

STEP FIVE: Full game clearance

118.293 Concussion and head injury.

(1) In this section:

(a) "Credential" means a license or certificate of certification issued by this state.

(b) "Health care provider" means a person to whom all of the following apply:

1. He or she holds a credential that authorizes the person to provide health care.

2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.

3. He or she is practicing within the scope of his or her credential.

(c) "Youth athletic activity" means an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity. "Youth athletic activity" does not include a college or university activity or an activity that is incidental to a non-athletic program.

(2) In consultation with the Wisconsin Interscholastic Athletic Association, the department shall develop guidelines and other information for the purpose of educating athletic coaches and pupil athletes and their parents or guardians about the nature and risk of concussion and head injury in youth athletic activities.

(3) At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

(4) (a) An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.

(b) A person who has been removed from a youth athletic activity under par. (a) may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

(5) (a) Any athletic coach, official involved in an athletic activity, or volunteer who fails to remove a person from a youth athletic activity under sub. (4) (a) is immune from civil liability for any injury resulting from that omission unless it constitutes gross negligence or willful or wanton misconduct.

(b) Any volunteer who authorizes a person to participate in a youth athletic activity under sub. (4) (b) is immune from civil liability for any injury resulting from that act unless the act constitutes gross negligence or willful or wanton misconduct.

(6) This section does not create any liability for, or a cause of action against, any person.

STUDENT ATHLETICS/ACTIVITIES – ACADEMIC/ATTENDANCE STANDARDS

(Found on page 9 of the middle school student handbook.)

In order to be eligible to participate in the activities that are sponsored by the Cedar Grove-Belgium Board of Education, **a student must be in good academic standing.** The activities include band/choir field trips, competitive, and non-competitive performances. The following sports are sponsored by the Cedar Grove-Belgium Board of Education:

Cross Country Grades 5-8
Basketball Grades 7 & 8

Volleyball Grades 7 & 8
Wrestling Grades 5-8

Spring Track Grades 7 & 8
Poms Grades 7 & 8

All middle school students shall have access to extracurricular and recreational school sponsored activities. It is the policy of the CGB School District to encourage full participation of middle school students in these programs and activities if they are willing to assume certain responsibilities as set by coaches, advisors, the athletic coordinator, and the principal.

Any student with a grade lower than a C- while in season will not be allowed to perform or compete until satisfactory progress has been obtained, the teacher has been given a reasonable window of time to compute the current grade, and permission has been granted to perform or compete by the athletic coordinator. Multiple grades lower than a C- at the end of a quarter will warrant suspension from performance/competition until all grades reflect a minimum of a C-. The coach and athletic coordinator will make the determination regarding ineligibility for any portion of a season. The suspension period begins on the Monday following the weekly grade checks by the athletic coordinator and only affects the performance/competition. Students are expected to attend team meetings and practices during a period of ineligibility.

Except in cases of family emergencies, students participating in afternoon or evening activities must attend and participate in all scheduled classes on the day of the activity. Absences during the day due to medical appointments or family emergencies are excused and do not affect practice or competition. If the absence is unexcused, student participation in weekend performances or competitions will not be allowed. The attendance requirement may be waived by the principal if the absence is for an unavoidable, non-illness related reason. Students are expected to be in school the day following an athletic or co-curricular event. **Athletes who are physically unable to practice for FIVE (5) CONSECUTIVE DAYS due to illness or injury are to present to the Athletic Coordinator or Principal a statement from a physician stating they are again physically fit to participate in school sponsored athletics.**

All injuries, which occur while participating in athletics, should be reported to the coach. If the injury requires medical attention by a doctor or treatment center, it will be necessary to have a student accident form completed. **Once an athlete is treated by a physician, the athlete must obtain the doctor's written permission to return to the activity.**