

## Co-Ed Volleyball Intramurals

Who: Anyone who likes playing volleyball

What: Volleyball games

Where: Mustang Arena

Why: To have a blast with friends and play volleyball.

When: Tues. 12/13, Thurs. 12/15, Fri. 12/16

Mon. 12/19, Tues. 12/20

From 2:15 to 3:50pm (4:00 Bus)

Please fill out the attached Permission/Concussion slips.

They are due to Mr. Donlan or Mrs. Haney

By Friday Dec. 9<sup>th</sup>, 2022

## School District 54 INTRAMURAL SPORTS PERMISSION FORM

This permission slip and insurance coverage note must be returned to the coach and on file with the school before the student may tryout and participate in intramural sports.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Sport Co-Ed Volleyball Intramurals

### Intramural Sports Statement of Philosophy

It is the philosophy of the District 54 intramural program to provide a variety of opportunities to teach values in a competitive atmosphere while enhancing total fitness and character through organized activities. District 54 believes that intramural activities are an integral part of the educational process and allow for the development of skills in both group and individual experiences. The District believes that students participating in intramural sports will embrace the expectations of PBIS (*Positive Behavioral Interventions and Supports*) during their school hours and in their community at large.

### Behavioral Expectations for Student Athletes

I am **RESPECTFUL** of my teammates, coaches, and opponents. I work at maintaining my positive attitude even in the face of the tremendous pressures of the game. I do not use profanity or make inappropriate comments toward my teammates or opponents. I respect my body by avoiding the use of dangerous and illegal substances.

I accept full **RESPONSIBILITY** for my actions. I am committed to doing my personal best on and off the field. When things get tough, I continue to focus on my goals. I am accountable for my behavior. I will demonstrate self-control and sportsmanship at practice, during contests, and throughout my life.

I will serve as a role model of **SAFE** behavior during practices and games. I will follow the rules and guidance from my coaches at all times. I will warm up and stretch before active competition and ensure to wear appropriate, properly-fitting sports gear.

**NOTE:** Board Policy 8:130/8:130-AP states in part: *Community Consolidated School District 54 does not grant permission to spectators to release personal tapings of productions for use on cable or other mass media.*

### Attendance Requirements

Athletes **must** be dressed in a P.E. uniform and participate in P.E. class the day of practice/competition in order to participate in interscholastic sports.

### Physical Examinations for Students Participating in Intramural Sports

Board Policy 7:300/7:300-AP states that physical examinations will be required for any student to try out for a team and participation in scheduled team practice or competition. A complete physical examination by a licensed physician, advanced practical nurse or physician assistant will cover a period of one year from the date of examination. A student's physical must be completed with proper forms and must be submitted to the school nurse. **Only students who have successfully and properly completed the physical examination will be permitted to tryout or participate in intramural sports.**

### Athletic Program Participation Insurance Coverage Requirement

If you do not elect the insurance coverage made available to families by School District 54, a comparable insurance plan is required before your child may try out and participate in any intramural sports program. Your signature below will indicate that these requirements have been met.

### Additional Health Information (please check all that apply):

Diabetes \_\_\_ Seizures \_\_\_ Concussions \_\_\_ Asthma \_\_\_ Allergies \_\_\_ Other (list) \_\_\_\_\_

## Concussion Information Sheet

Each student and the student's parent/guardian must read and sign this *Agreement to Participate* each year before being allowed to participate in interscholastic sports or intramural athletics. The completed agreement should be returned to the coach.

My child, \_\_\_\_\_, wishes to participate in the following interscholastic sports or intramural athletics \_\_\_\_\_.

*(An agreement must be signed for each sport the student joins.)*

1. Physical examinations are required for any student to participate in intramurals, try out for a team and or participate in a scheduled team practice or competition. A complete physical examination by a licensed physician, advanced practical nurse or physician assistant will cover a period of one year from the date of examination. A student's physical must be completed with proper forms and must be submitted to the school nurse. Only students who have successfully and properly completed the physical examination will be permitted to try out or participate in interscholastic sports and/or intramurals.
2. The student agrees to abide by all conduct rules and will behave in a sportsman-like manner. The student agrees to follow the coaches' instructions, playing techniques and training schedule, as well as all safety rules.
3. The student and the student's parent/guardian understand that Board Policy 7:305 – Student Athlete Concussion and Head Injuries requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by an Illinois licensed physician.
4. The following Concussion Information Sheet explains concussion prevention, symptoms, treatment and guidelines, and includes guidelines for safely resuming participation in an athletic activity following a concussion.
5. The student and the student's parent/guardian are aware that with participation in sports comes the risk of injury, and that the degree of danger and seriousness of risk vary significantly from one sport to another, with contact sports carrying the highest risk. The student and the student's parent/guardian are aware that participating in sports involves travel with the team. The student and the student's parent/guardian acknowledge and accept the risks inherent in the sports or athletics in which the student will be participating and in all travel involved. The student and the student's parent/guardian agree to indemnify and hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with the student participating in the school-sponsored interscholastic sports or intramural athletics, to the extent allowed by law, including relating to physical injury to the student or others while participating in the above indicated sport or activity. The terms hereof shall serve as a release and assumption of risk for the student and the student's parent/guardian and their heirs, estate, executor, administrator, assignees, and for all members of the student and the student's parent/guardian's family. The parent/guardian certifies that the student is in good physical health and is capable of participation in the above indicated sport or activity.
6. If any term, covenant, condition, or provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.

## Concussion Information

Board Policy 7:305 – Concussion and Head Injuries requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by an Illinois licensed physician.

This Agreement to Participate and Concussion Information Sheet must be completed and signed each year by students and their parents/guardians (meaning the student’s natural or adoptive parent or other legal guardian or person with legal authority to make medical decisions for the student) before the student may participate in interscholastic sports or intramural athletics for the school year. This form contains all language from the Concussion Information Sheet approved by the Illinois High School Association.

A concussion is a brain injury and all brain injuries are serious. Concussions 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
- “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
- 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 may include one or more of the following:

- 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
- 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

### 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 play or physical activity, including the physical activity portion of physical education courses, 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. IHSA Policy requires athletes to provide their school with written clearance from an Illinois licensed physician 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. Board policy requires clearance before such a student can return to intramural athletics and the physical activity portion of a physical education class.

**You should also inform your child’s coach if you think that your child may have a concussion, even if it resulted from an injury that occurred outside of school/school activities.** Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

**How can you help your child prevent a concussion or other serious brain injury?**

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
- However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.
- Tell your child’s coaches if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

For up-to-date information on concussions, visit <https://www.cdc.gov/headsup/youthsports>.

Adapted from the *IHSA Sports Medicine Acknowledgement & Consent Form*, which is adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sports.

- 
- I have read and agree to the *Behavioral Expectations for Student Athletes*.
  - My child has permission to try out and participate in intramural sports.
  - My child has a current physical (dated within one year) on file with the school nurse.
  - My child does not have a current physical, but I will schedule an appointment before tryouts.

Student Athlete Signature	Date
Parent Signature	Date
Coach Signature	Date

Emergency phone # \_\_\_\_\_ Alt. phone # \_\_\_\_\_