

**2018-19 MOST BLESSED SACRAMENT SCHOOL
ATHLETIC CONSENT FORM**

SWIM TEAM- Registration

Before a student can attend the first practice for the sport of his/her choice and receive a uniform, **this application** along with the **LHSAA Physical Examination Form** (signed by a physician), **must be completed and returned** to the school office. **A non-refundable** check for **\$95.00** made payable to **MBS Athletics** must be attached to this application. Forms and fees are due back **Friday, August 17, 2018.** * Please note for swim there will be an addition fee paid to Crawfish Aquatics.

STUDENT'S NAME _____ HR: _____

ADDRESS _____

HOME TELEPHONE _____ BIRTH DATE _____

E-MAIL ADDRESS (ES) _____

PARENT/GUARDIAN _____

Mom's TEXT? Yes or No **Dad's** TEXT? Yes or No

CELL: _____ CELL: _____

INSURANCE COMPANY _____

HOSPITAL PREFERENCE _____

Parental Consent

My child, _____ received a medical examination given by Dr. _____, his/her telephone number is _____. The physical examination determined my child's fitness for participating in competitive sports.

I give my child permission to participate in _____ (sport) and recognize that it is a contact sport. I will not hold Most Blessed Sacrament School, M.B.S. Athletic Association, M.B.S. Athletic Association Officers or coaches liable for any injury, medical bill or damages resulting from practice or game activities. I hereby certify that I have medical insurance that will afford coverage for injuries.

I understand that there will be no medical personnel available at practices or during games. In the event that I am not present, I give the coach or his/her representative my permission to bring my child to a doctor or hospital for medical treatment of any injury or emergency during practice or a game. I understand that in an extreme emergency 911 will be called.

Parent's Signature _____ Date _____

STUDENT T-SHIRT SIZE: YM ____ YL ____ AS ____ AM ____ AL ____ AXL ____

MBS Athletic Handbook Contract

We realize that participation in athletic programs at MBS is a privilege and is voluntary. We AGREE to the following conditions that will govern this participation:

- 1.) We will treat all participants, spectators, officials, and coaches with respect at all times.
- 2.) We will at all times exhibit good sportsmanship.
- 3.) We will accept all coaches' decisions and the decisions of the school and officials without argument.
- 4.) We will not criticize players, referees or coaches publicly or among groups of participants.
- 5.) We understand and agree that a violation of these conditions of participation may result in the removal of a player from the team or the ejection of a spectator from an event and prohibition from future attendance at athletic events.
- 6.) We agree to work the allotted amount of time to host home games. We understand that amount of time may vary depending on the number of games scheduled by the CSAA and the number of participants on the team. If I/we cannot work during our scheduled time we agree to find a responsible replacement to fill the position.
- 7.) As a parent/guardian, I have read the Most Blessed Sacrament Athletic Handbook and understand that I must cooperate with the school and the athletic department and adhere to the policies, procedures and regulations contained in this handbook. I also understand that for the good of the entire school community, the Most Blessed Sacrament School Administration may, from time to time, deem it necessary to establish special requirements regarding my child's continued participation in the Most Blessed Sacrament Athletic Program. I agree to abide by these decisions.

This agreement must be signed by both parents/guardians with whom the student resides.

Signature of Parent

Date

Signature of Parent

Date

Print Student's Name

Homeroom

Signature of Student

Date



Parent Permission for Transportation To and From MBS Sporting Events.

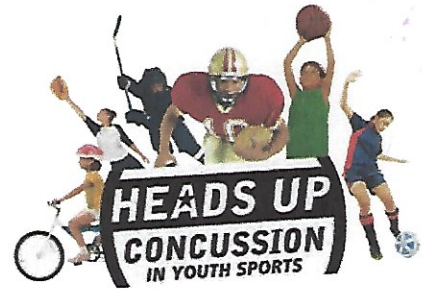
I, _____ give permission for my child,
_____ to participate in sports for Most
Blessed Sacrament Catholic School.

I, _____ agree to provide or make
arrangements, for my child, _____, to
be transported to and from sporting events at Most Blessed Sacrament
Catholic School or any other school in which Most Blessed Sacrament
Catholic School is participating in competition.

I understand it is my responsibility to provide or make arrangements for my
child to attend sporting events, in which he/she is part of. Most Blessed
Sacrament Catholic School is not in any way liable for the means of
transportation of a child to a sporting event, nor are they liable for any
incident that should occur in route to or from a sporting event involving
Most Blessed Sacrament Catholic School.

Signature of Parent

Date



Parent/Athlete Concussion Information Sheet

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

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	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 s/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*)

WHY 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, s/he is much more likely to have another concussion. Repeat 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.*

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

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 s/he is symptom-free and it's OK to return to play.

Rest is key to 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 a gradual process that should be carefully managed and monitored by a health care professional.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date