

**Pinckneyville Community High School**  
**Extracurricular Athletic Agreement /Consent**

Student Name (print) \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

SPORTS OFFERED: Please circle sport

FALL			SPRING
Cheerleading	Cross-Country	Volleyball	Archery
Poms/ Flags	Football	Fishing	Softball
Golf	Shooting Team		Baseball
WINTER			Track
Basketball (girls)	Basketball (boys)	Wrestling	
Swimming			Other:

Pursuant to Pinckneyville Community High School (PCHS) District No. 101 Board of Education Policy 7:300, student participation in Board of Education- approved extracurricular athletic activity requires parent(s)/ guardian(s) to provide written permission for their child to participate, giving PCHS full waiver of responsibility of the risks involved.

I \_\_\_\_\_ (Parent or guardian name), **hereby give consent** for the above named student to represent his/her school in athletic extracurricular activities, including travel for local and out of town trips.

**Athletic Agreement to Participate-**

In consideration of PCHS District No. 101 permitting student to participate in the above sport or activity, *the above named student agrees to:*

**I will abide** by all conduct rules and will behave in a sportsmanlike manner as stated per the PCHS athletic code.

**I will follow** the coach/sponsor’s instructions, playing techniques, training schedule and safety rules for the above sport or activity.

***The student and parent agree to:***

**We acknowledge** that we are aware that participation in the above sport or activity may involve many risks of injury. A serious injury may result in physical impairment or even death.

**We hereby authorize** the PCHS athletic trainer and/or designated medical staff to examine and treat any injuries which may occur while participating in extracurricular athletic activities for PCHS.

**We agree** to read and sign the **IHSA Sports Medicine Acknowledgement & Consent Form** prior to participating in sports. Information can be found at <http://www.ihsa.org/Resources/DownloadCenter.aspx> or contact the school.

**We acknowledge** that we are providing consent to be random drug tested in accordance with the procedures outlined in the Extracurricular Drug and Alcohol Testing Program.

**We also agree** we will not hold PCHS or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such athletic events or such travel involved with the activities.

**We hereby assume** all the risks associated with participation and agree to hold PCHS District No. 101, its employees, agents, coaches, School Board members, and volunteers, harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the above activity or sport. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

- 1) We will read, sign and submit this form.
- 2) We will provide a sports physical per IHSA guidelines.
- 3) We will complete and sign the PCHS Emergency Information card.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

OVER

# Concussion Information Sheet

## 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 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. IHSA Policy requires athletes to provide their schools 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 you 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/>

PCHS utilizes the ImPact program for concussion evaluation and management. An Impact baseline test is mandatory for all athletes at risk of a concussion. The test is computerized testing to provide a baseline of an athlete's cognitive abilities and reaction time to later be used for comparison if they experience a head injury. The ImPact test is to be taken by athletes every two years.

## **Consent Form**

I have read the above information on the Concussion Information Sheet. I understand its contents. I have been given an opportunity to ask questions, per the information on this sheet, and all questions have been answered to my satisfaction. I agree to participate in the Immediate Post-Concussion Assessment and Cognitive Testing (ImPact) Concussion Management Program and follow the IHSA Concussion Policy.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date