SNAKE RIVER SCHOOL DISTRICT
INTERSCHOLASTIC ATHLETICS

NAME:_____ **DATE:** _____

It is required that all students complete the following every year prior to his/her first practice in the interscholastic (7-12) athletic program.

1. Both Parent/guardian and student read and sign the participation consent form. (F 1 – F2)
2. History and Physical Examination**.** The exam is at the expense of the student and may not be taken prior to May 1. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. (F 3 – F 4)
3. Both Parent/guardian and student read and sign the concussion guideline form. Policy 8214P (F 5 – F 6)

PARTICIPATION CONSENT FORM

This application to compete in interscholastic athletics for Snake River School District is entirely voluntary on my part is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association and rules and regulations set forth by the Snake River School Board.

When a person practices and participates in any sport or physical activity, it can be dangerous. The person risks serious and permanent injury. Injuries could affect the general health and well-being on the participant. Serious injury could impair a person's ability to earn a living and to engage in social and recreational activities in the future. My son / daughter will participation at their own risk.

The parent / guardian further releases the Snake River School District coaches from liability for any medical, dental, or hospital bills occurring as a result of injuries sustained by the student while participating.

Bingham Memorial Hospital provides Snake River School District #52 with an attending athletic trainer. I hereby give my consent for the athletic trainer to provide sports medicine services deemed necessary for any athletic injury prevention or treatment. This may include treatment of such as: Heat/Ice, Stim, Ultrasound, Cold Laser and wound care. I understand that the services provided by the athletic trainer relate to sports medicine services and are not intended to be a complete medical examination/care.

IHSAA does not require students to carry health insurance, but as a school district we encourage students to carry health insurance. On the Snake River School District website there is a form that students can get health insurance coverage. The health insurance coverage is not through the school but is offered through an independent insurance carrier.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Snake River School District has put in place protective measures to reduce the spread of COVID-19; however, the SD52 cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities on the campuses of SD52 could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and on behalf of myself, my child(ren), my and spouse/co-parent of child(ren) voluntarily assume the risk that my child(ren) and I, and any member of my family, may be exposed to or infected by COVID-19 by attending activities on SD52 campuses and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while on SD52 campuses may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SD52 employees, agents and representatives, volunteers, program participants and their families and/or any other individual who may be present upon school property or in attendance at any school activity.

I voluntarily agree to assume, on behalf of myself, my child(ren), and my spouse/co-parent of child(ren) all risks and accept sole responsibility for any injury to my child(ren),myself and any member of my family, (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my child(ren) and/or members of my family may experience or incur in connection with my child(ren)'s attendance in activities or participation in SD52 programming ("Claims"). On my behalf, and on behalf of my children and/or members of my family, I will advance no claim and I hereby release, covenant not to sue, discharge, defend, indemnify and hold harmless the SD52, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of SD52, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SD52 activity.

Additionally, it should be noted that the laws of the state of Idaho provide for numerous immunities for schools should something occur to a student or to the family of a student as a result of activities on school property. In addition to this Agreement, these immunities remain intact.

To prevent the spread of COVID-19 your participation is important to help us take precautionary measures to protect you, your Child(ren) and everyone on campus. If you child has been in close contact or been diagnosed with COVID-19, please honor quarantine standards and not have your child present at or participating in school activities. If you child has been diagnosed with COVID-19 the District requests that you provide a medical release for your child to return to participation. Likewise, if your child is ill, please do not expose the school's students and personnel to your child's illness.

If a student is not feeling well and has a fever they will be separated and asked to go home until they are fever free for a period of 48 hours.

SCHOOL DISTRICT #52 ATHLETICS

Coaches will set team and training rules, as long as they do not conflict with school policy. Athletes are, because of the exposure to the public, ambassadors of the school district. The schools are often judged by the members of the community and in other communities by actions of young people who represent them in the athletic area. This is a weighty, but nonetheless, real responsibility that we place on the shoulders of our young people.

Because of the representative role that our athletes must naturally assume, and because athletic programs are optional, it is expected that all athletes, both boys and girls, will adhere to certain minimum standards of behavior and scholarship as established by the Board, the building administration, and the coaches.

STUDENT RESPONSIBILITIES- GENERAL RULES AND TRAINING RECOMMENDATIONS

1. In order to be eligible to participate in any or all athletic teams, I realize I must be enrolled full time which is (5) classes and have passed five (5) subjects for the trimester prior to competing. (Plus 2.00 GPA)
2. I realize I must attend classes and be responsible for all required work.
3. I will conduct myself in an orderly manner at all times in such a way as to bring credit to my team, school, and family.
4. In all contests away from school, I will ride to and from contests in provided school transportation, unless arrangements are made by the parents with the coach/teacher.
5. I will be personally responsible for all athletic equipment checked out to me and will return it in good condition or will pay for lost or damaged equipment.
6. I will report all injuries to the coach immediately. I will get a proper amount of rest and will follow the warm-up designed for my sport.
7. I will attend all scheduled workouts on time and notify the coach beforehand if I miss due to illness or emergency.
8. I will adhere to the District Code of Conduct.

PARENT OR GUARDIAN SIGNATURE_____ DATE:_____

SIGNATURE OF STUDENT_____DATE:_____

HEALTH EXAMINATION *and* CONSENT FORM

Name: Sex: M / F Date of birth: Age:

Address: Phone:

School:_____ Sports:_____Participation Grade: _____

MEDICAL HISTORY

Fill in details of "YES" answers in space below:	Yes	No		Yes	No
1. Have you ever been hospitalized?	☐	☐	6. Have you ever had a head injury?	☐	☐
Have you ever had surgery?	☐	☐	Have you ever been knocked out or unconscious?	☐	☐
2. Are you presently taking any medication or pills?	☐	☐	Have you ever been diagnosed with a concussion?	☐	☐
3. Do you have any allergies (medicine, bees, other insects)?	☐	☐	Have you ever had a seizure?	☐	☐
4. Have you ever passed out during or after exercise?	☐	☐	Have you ever had a stinger, burned or pinched nerve?	☐	☐
Have you ever been dizzy during or after exercise?	☐	☐	7. Have you ever had heat or muscle cramps?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐	Have you ever been dizzy or passed out in the heat?	☐	☐
Do you tire more quickly than your friends during exercise?	☐	☐	8. Do you have trouble breathing or do you cough during or after exercise?	☐	☐
Have you ever had high blood pressure?	☐	☐			
Have you been told you have a heart murmur?	☐	☐	9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)?	☐	☐
Have you ever had racing of your heart or skipped heartbeats?	☐	☐			
Has anyone in your family died of heart problems or a sudden death before age 50?	☐	☐	10. Have you ever had problems with your eyes or vision?	☐	☐
			Do you wear glasses, contacts or protective eyewear?	☐	☐
5. Do you have any skin problems (itching, rash, acne)?	☐	☐	11. Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)?	☐	☐

12. Have you had a medical problem or injury since your last evaluation? ☐ Yes ☐ No

13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints?

☐ head ☐ back ☐ shoulder ☐ forearm ☐ hand ☐ hip ☐ knee ☐ ankle

☐ neck ☐ chest ☐ elbow ☐ wrist ☐ finger ☐ thigh ☐ shin ☐ foot

14. Were you born without a kidney, testicle, or any other organ? ☐ Yes ☐ No

15. When was your first menstrual period? _____

When was your last menstrual period? _____

What was the longest time between your periods last year? _____

Explain "YES" answers: _____

(Parent or guardian and student permission and approval)

My son/daughter has my permission to get a physical from a licensed physician, physician's assistant or nurse practitioner under optimal conditions for this application.

I hereby consent to the above-named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above-named student. If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from liability as specified in said section.

PARENT OR GUARDIAN SIGNATURE_____DATE: _____

SIGNATURE OF STUDENT_____ DATE: _____

Idaho High School Activities Association

Physical Examination Form

Name:_____ **Date of Birth:**_____

Height_____**Weight**_____**BP**____/ _____ **Pulse** _____

Vision R 20 / _____ **L 20 /** ____ **Corrected: Y N**

	Normal	Abnormal findings
Medical		
Pulses		
Heart		
Lungs		
Skin		
Ears, nose, throat		
Pupils		
Abdomen		
Genitalia (males)		
Musculoskeletal		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		
Other		

CLEARANCE / RECOMMENDATIONS

A. Cleared for all sports and other school-sponsored activates.

B. Cleared after completing evaluation/rehabilitation for:

_____

C. NOT cleared to participate in the following IHSAA sponsored sports /activities:

baseball basketball cheer/dance cross country football golf

soccer softball swimming tennis track volleyball wrestling

NOT cleared for other school-sponsored activities *(example: lacrosse)*:

_____

D. Student is NOT permitted to participate in high school athletics.

Reason:_____

Recommendation:

Name of physician:

Address:_____ Phone: _____

Signature of physician/medical provider:_____ Date:

(This *Physical Examination Form* MUST be signed by a licensed physician, physician assistant or nurse practitioner)

CONCUSSION GUIDELINES FORM

(Policy 8214P)

Many students with the District participate in extra-curricular activities of a nature whereby physical injury may result. Though the District takes care to ensure all extra-curricular activities are as safe as practicable, it is not possible to remove all danger from such activities and the District acknowledges that concussions may result. The purpose of this policy is to address situations in which student concussions have occurred or are suspected to have occurred.

This policy only applies to organized athletic league or sport in which any District student participates as an athlete or youth athlete. For the purposes of this policy, athlete or youth athlete means an individual who is eighteen (18) years of age or younger and who is a participant in any middle school, junior high school, or high school athletic league or sport. A school athletic league or sport shall not include participation in a physical education class.

Pre-Season Education

The administration and coaches will work to ensure that athletes, youth athletes, parents, volunteers, and assistant coaches are educated about concussions. Prior to being allowed to engage or participate in any school athletic league or sport:

I. Each student desiring to participate in such school athletic league or sport, and the student's parents or guardians, shall be provided notice of and/or copies of any concussion guidelines or information available from the State Department of Education and the Idaho High School Activities Association, and also this policy.
2. Each student desiring to participate in such school athletic league or sport, and the student's parents or guardians, shall acknowledge that they have been provided the guidelines or information available from the State Department of Education and the Idaho High School Activities Association, as well as this policy, and have had the opportunity to review and have reviewed such information. Further, each student and the student's parents or guardians shall sign an applicable waiver for participating in such school athletic league or sport.
3. The signed waiver and acknowledgment or review of the appropriate information shall be returned to the District.

Athletes will not be allowed to participate in **school athletic leagues or sports until the above requirements are met.**

Protocol on Suspected Concussion

If, during any school athletic league or sport practice, game, or competition, an athlete exhibits signs or symptoms of a concussion, makes any complaint indicative of a possible concussion, or a coach, assistant coach, volunteer coach, or other school District employee has reason to believe a concussion has occurred, such student shall be removed from play or participation in the practice, game, or competition. According to the Centers for Disease Control and Prevention, and for the purposes of this policy, signs observed by coaching staff which could be indicative of a concussion include if the athlete:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to or after hit or fall

According to the Centers for Disease Control and Prevention, and for the purposes of this policy, symptoms reported by the athlete which could be indicative of a concussion include:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right" or is "feeling down"

Coaches should not try to judge the severity of the injury themselves; health care professionals have a number of methods that they can use to assess the severity of concussions. Coaches should record the following information, if possible, to help health care professionals in assessing the athlete after the injury:

1. Cause of the injury and force of the hit or blow to the head or body
2. Any loss of consciousness (passed out/knocked out) and if so, for how long
3. Any memory loss immediately following the injury
4. Any seizures immediately following the injury
5. Number of previous concussions (if any)

Athletes may not be returned to play or participate in any student athletic league or sport (except on an administrative basis, such as team manager), until and unless the athlete has been evaluated and is authorized to return to play or participate by a qualified health care professional who is trained in the evaluation and management of concussions , including physician or physician 's assistant licensed under Chapter 18, Title 54, Idaho Code, an advanced practice nurse licensed under Idaho Code 54- 1409, or a licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under Chapter 18, Title54, Idaho Code. Such authorization must be in writing and must be provided to the District prior to the student being returned to play. If the authorization is signed by a licensed health care professional trained in the evaluation and management of concussions, such authorization must also be countersigned by the directing physician.

ACKNOWLEDGMENT OF RECEIPT OF CONCUSSION GUIDELINES

I, (print name)_____, acknowledge that I am the parent or guardian of the student (below), that I have received from the District information related to student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and District Policy 8214p, and have had the opportunity to review and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and hereby agree to waive all liability against Snake River School District #52, its employees, agents, and trustees, related to any injury or damages that my student may experience or incur as a result of participation in such school athletics leagues or sports.

Parent's/ Guardian's Signature_____ Date:_____

I, print name,_____, acknowledge that I am a student of Snake River School District # 52, or otherwise am allowed to participate in school athletics leagues, or sports, that I have received from the District information related to student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and District Policy 8214p, and have had the opportunity to review and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous and accept the risk of the potential consequences of such dangers.

Student Signature _____ Date: _____

NOTE: Both signature lines must be filled in and this form must be provided to the District prior to the student athlete participating in any school leagues or sports.